Background
Neonatal deaths due to non-survivable congenital anomalies and perinatal conditions are a continued reality of newborn care. The need for a palliative approach can often be anticipated and prepared for when there is a prenatal diagnosis of a life-limiting fetal condition. Palliative care may also be appropriate when addressing the goals of care for seriously compromised neonates. Fentanyl is a lipophilic, highly potent opioid that is readily absorbed through the transmucosal membranes and the blood brain barrier. It is not initiating to the mucosa. The T1/2 is 5-15 min with therapeutic levels reported in as short as 2 minutes. The onset of effect is within 5 minutes. The bioavailability of fentanyl has been found to be 71-80%.

There is a need to expand the pediatric and adult literature on intranasal use of the injectable preparation for the management of pain and dyspnea in newborns and infants at end-of-life.

Purpose
The purpose of this research was to evaluate the use, effectiveness, and safety of intranasal fentanyl in palliative care of newborns and infants 6 months of age or less.

Methods/ Data Collection
A retrospective chart review with data collected from November 2006 through July 2010.

Results
A total of 58 charts were reviewed. Intranasal fentanyl was administered to 13 patients at end-of-life. This poster describes the two distinct patient groups in which fentanyl was administered – newborns and infants.

Discussion/ Conclusions
- Administration of intranasal fentanyl to newborns and infants at end-of-life is safe and effective in managing respiratory distress
- Intranasal fentanyl is useful in a variety of care settings (hospital and home) for the management of symptoms in newborns and infants at end-of-life

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