

Entonox - Summary Clinical Guideline

Reference no.: PA EN 01/ Oct 16/ v003

- Entonox is a ready to use powerful inhalational analgesic – a medical gas mixture consisting of 50% nitrous oxide and 50% oxygen.
- Entonox also provides pain relief and conscious sedation for short term procedures only
- Entonox is self-administered by the patient always under registered nurse supervision
- Guideline for safe use by health care professionals to supervise the self-administration of Entonox by children who are undergoing painful procedures
- Children must be old enough to understand how to operate the demand valve of the apparatus and the instructions given by the nurses.
- Indications for use: change of dressings, packs or plaster of Paris, removal of drains, pins or K wires, suture removal, suturing wounds, minor surgical procedures, traumatic injuries, altering the position of the patient in pain, venepuncture/cannulation, immobilisation of fractures, injection of Botulinum
- Contraindications: chest injuries, chronic pulmonary disease with bullae, head injuries, gross abdominal distension/ bowel obstruction, abnormal airway, congenital heart disease, long term daily use
- Relative Contraindications: Not mentally well, maxillofacial injuries or intoxication or use of recreational drugs (may increase sedative effects or confusion),
- Entonox is a PGD medication so may be prescribed by nursing staff either:
Record in the nursing documentation and back of treatment card in OPD. State “administered under PGD” with name and signature of authorised healthcare practitioner
Or record on EDIS or ac doctor to prescribe on EPMA

Procedure for Self Administration of Entonox

- Ensure a well-ventilated room is to be used for the procedure
- Turn the on/off knob anti-clockwise to open and clockwise to close after the procedure.
- Check that the Entonox equipment is in working order and more than ¼ full – press the back of the handset button to ensure good throughput
- Ensure that a disposable filter/mouth piece (**single patient use only**) is attached to the apparatus.
- Explain the sequence of events to the child and familiarise him/her with the mouthpiece and the demand valve.
- The child must only breathe in and out through their mouth when using the mouthpiece
- Ask the child to take long deep breaths in and out.
- The child's breathing must be supervised throughout the procedure to ensure they are making sufficient respiratory effort to open the valve and thus inhale the gas correctly.
- Side Effects: **Common**; Euphoria, dizziness, tingling lips, mild voice change. **Rarely**; Nausea & vomiting
- Routine physiological observations are not necessary; however, pain assessment, the effectiveness and quality of pain relief and side effects should be recorded on the pain chart.
- Entonox inhalation should stop as soon as the procedure is finished
- Ensure Entonox cylinder is more than ¼ full at the end of the procedure – if not replace the cylinder
- Document the procedure & use of Entonox in the child's medical notes