Date: April, 2016
Purpose: To ensure a consistent procedural approach to Methoxyflurane administration.
Scope: Applies to all QAS clinical staff.
Author: Clinical Quality & Patient Safety Unit, QAS
Review date: April, 2018
URL: https://ambulance.qld.gov.au/clinical.html
**Drug class**
Analgesic (at low doses)

**Pharmacology**
Methoxyflurane is volatile, self-administered inhalation analgesic indicated for short-term pain relief. Methoxyflurane is more susceptible to metabolism than other halogenated ethers and has a greater propensity to diffuse into fatty tissue.\(^1\)\(^3\)

**Metabolism**
By the liver and excreted mainly by the lungs.\(^1\)

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**Indications**\(^3\)
- Pain

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**Contraindications**
- KSAR or hypersensitivity to methoxyflurane
- Patients < 1 year
- History of significant liver or renal disease
- History of malignant hyperthermia

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**Precautions**
- ALOC
- Intoxicated or drug affected patients

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**Side effects**
- ALOC
- Cough
- Renal/hepatic failure (following repeated high dose exposure)

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**Presentation**
- Bottle, 3 mL methoxyflurane

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**Onset (INH)** | **Duration (INH)** | **Half-life**
---|---|---
1–3 minutes | 5–10 minutes | Not available
Special notes

- Experimental and clinical use of methoxyflurane in the low dose used for analgesia does not carry any particular risk of causing renal dysfunction or damage. [3]

- The manufacturer recommends the use by children only when they self-monitor pain and self-administer methoxyflurane with the inhaler. Poor administration will lead to ineffective analgesia.

- Deep sedation has been identified with methoxyflurane administration in patients < 5 years. [1, 4]

- At no time should unconsciousness be deliberately induced using methoxyflurane.

- At no time should a patient self-administering methoxyflurane be left unattended.

- The lowest dose of methoxyflurane to provide analgesia should be used. [1]

- If the patient prefers simultaneous inhalation through both nose and mouth, the inhaler may be connected into a standard anaesthetic face mask prior to administration. [2]

Special notes (cont.)

- The total weekly dose should not exceed 15 mL with administration on consecutive days not recommended. [4]

- To reduce the risk of occupational exposure to methoxyflurane, officers are to ensure the following:
  - Only one dose of 3 mL should be administered per patient whilst in the ambulance vehicle.
  - No single officer should administer more than two doses of methoxyflurane in the ambulance vehicle per shift.
  - Where possible, ambulance vehicles are to be adequately ventilated.

Schedule

- S4 (Restricted drugs).

Routes of administration

- Inhalation (INH)

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Adult dosages

<table>
<thead>
<tr>
<th>Pain</th>
<th>INH</th>
<th>3 mL</th>
<th>Repeated once after 20 minutes. Total maximum dose 6 mL</th>
</tr>
</thead>
<tbody>
<tr>
<td>FR</td>
<td>P</td>
<td>ACP1</td>
<td>CCP</td>
</tr>
</tbody>
</table>

Paediatric dosages

<table>
<thead>
<tr>
<th>Pain</th>
<th>INH</th>
<th>≥ 1 year - 3 mL</th>
<th>Single dose only</th>
</tr>
</thead>
<tbody>
<tr>
<td>FR</td>
<td>P</td>
<td>ACP1</td>
<td>CCP</td>
</tr>
</tbody>
</table>
Methoxyflurane Preparation / Administration Instruction

1. Tilt the PENTHROX® inhaler to a 45° angle and pour the contents of one 3 mL bottle into the base whilst rotating.

2. Instruct the patient to inhale and exhale gently through the mouthpiece.

3. If stronger analgesia is required, the patient may be instructed to temporarily cover the dilution hole with their own finger to increase concentration.