AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

NSQHS STANDARDS

GUIDANCE
for health service organisations

Position Statement

Managing intranasal administration of medicines for patients during COVID-19

Position

Reconsider intranasal administration of medicines in patients in acute care who are positive or suspected of having COVID-19.

Consider suitable alternatives to intranasal medicines as a first-line option for all patients presenting in acute care, including non-COVID-19 patients.

In the community, allergy sufferers should continue their normal use of intranasal corticosteroids.

Background

Intranasal administration of medicines can cause irritation of the nasal mucosa which can cause a person to sneeze.

The virus that causes COVID-19 is mainly transmitted through droplets generated when an infected person coughs, sneezes, or speaks.

Intranasal administration of medicines is not recommended in patients with COVID-19 as it may increase the risk to staff caring for the patient and contribute to the spread of the virus.

Medicines administered via the intranasal route

Corticosteroids (as well as antihistamines) are used routinely for the treatment of allergic conditions such as hay fever or allergic rhinitis. Self-management of allergic conditions and administration of these medicines via the intranasal route is common in the community setting.

Intranasal corticosteroids are well tolerated[1] and the more common (>1%) adverse effects include nasal stinging, itching, nose bleed, sneezing, sore throat, dry mouth, cough[2].

In the hospital setting and other acute care environments, corticosteroids and other medicines may be prescribed for administration via the intranasal route. Intranasal administration can facilitate delivery and rapid absorption, including during an emergency situation[3]. For example:

- Fentanyl intranasal for analgesia in children aged 1 year and older with mild to severe pain[4]
- Midazolam intranasal for adults[2] or children with seizures[5].

In the community setting, where patient's care is managed by clinicians with the assistance of other support workers, consideration should be given to the type(s) of medicine being administered via the intranasal route. In addition, the potential risk to the patient as well as the clinicians and support workers should be assessed.

Where possible, alternative routes of administration for intranasal medicines may need to be considered. This should be assessed on an individual basis and subject to local conditions and requirements. In some situations administration via the intranasal route may be a safer option. For example, intranasal administration of midazolam, by appropriately trained disability support workers, to safely manage a patient experiencing a seizure[6].

For patients self-managing in the community

Allergy (often accompanied by asthma) sufferers should continue their normal use of intranasal corticosteroids. During COVID-19 it is more important than ever for patients to keep their symptoms well controlled[7].

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A statement has been published by the American College of Asthma, Allergy & Immunology to assist patients in the community who are otherwise well with concern regarding the ongoing use of intranasal preparations '**During COVID-19 pandemic, normal allergy and asthma medications should be continued**'.

The Australasian Society of Clinical Immunology& Allergy (ASCIA) have published a fact sheet which includes advice to continue to treat symptoms which can be confused with COVID-19, for instance, sufferers of allergic rhinitis: **www.allergy.org.au/images/pcc/ASCIA_PCC_COVID-19_FAQ_2020.pdf**.

The National Asthma Council Australia has a range of resources that include advice on medicines that are used via the intranasal route of administration:

- **Intranasal spray technique for people with allergic rhinitis**
- **Allergic rhinitis treatments chart**
- **Managing allergic rhinitis in patients with asthma** (Clinician brochure)
- **Hay fever (allergic rhinitis) and you asthma** (Patient brochure)
- **Australian Asthma Handbook: The National Guidelines for Health Professionals**

Around 80% of people with asthma have allergic rhinitis. The National Asthma Council has published resources for Managing asthma during the COVID-19 pandemic.

In acute care

The use of intranasal medicines carries a high risk (to staff and patients) of viral nosocomial aerosol infection. Administration of medicines into the nose can induce sneezing, and this may also contribute to virus spreading.

Whilst it is important to treat allergic conditions, suitable alternatives to intranasal medications should be used as a first-line option in non-COVID-19 patients.

If administration via the intranasal route cannot be avoided, clinicians should follow their HSO's infection control protocols to minimise spread of respiratory tract infections.

Guidelines on the safer intranasal administration of medicine during COVID-19 have been prepared by Women's and Children's Hospital Adelaide[8]. HSO's should also refer to local policy guidelines if available.

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If you have feedback regarding this position statement, please email: **medsafety@safetyandquality.gov.au**