PAIN MANAGEMENT (A91)

Pain control can reduce the patient's anxiety and discomfort, therefore making patient care easier. The patient's severity of pain must be properly assessed in order to provide appropriate relief. This protocol is not intended to totally alleviate pain, but to safely decrease the intensity of the pain without causing physiologic compromise, delaying transport to definitive care, or interfering with the patient's diagnostic work up following arrival at the emergency department.

	F	E	O	P	D
ASSESSMENT: including pain scale.	X	X	X	X	
PULSE OXIMETRY: consider if administering sedating medication.		X	X	X	
CAPNOGRAPHY: consider if administering sedating medication.				X	
OXYGEN: if pulse oximetry <94% or signs of respiratory distress or hypoperfusion.	X	X	X	X	
PAIN TREATMENT (NON-CARDIAC): consider non-pharmaceutical options: position of comfort, splint, ice, elevate as indicated.	X	X	X	X	
ECG MONITOR: lead placement may be delegated. Treat as indicated.				X	
VASCULAR ACCESS: IV/IO, rate as indicated.				X	
PHARMACEUTICAL PAIN TREATMENT: Choose most appropriate pharmaceutical intervention below. Non-opioid interventions should be considered first.				X	
ACETAMINOPHEN: 15 mg/kg, oral suspension or IV infusion. IV infusion administer over 15 minutes. Total Max dose 1000 mg. No repeat dose. Use for mild pain (score 1-3), moderate pain (score 4-6), or severe pain (score 7-10**)** – no severe hepatic impairment, active liver disease or allergy.				X	
KETOROLAC: For abdominal, back or extremity pain, 15 mg, IN/IM/IV/IO. **Ketorolac is not to be used in patients under 2 or over 65.**				X	
†FENTANYL: 1-2 mcg/kg, maximum of 3 mcg/kg, IV/IO/IM/IN. If initial dose given IV/IO/IN, may repeat in 5 minutes, or if initial dose given IM may repeat in 10 minutes. Repeat doses at 0.5 mcg/kg. Use for moderate pain (score 4-6) or severe pain (score 7-10). Fentanyl is to be used with caution in patients taking narcotics, benzodiazepines**,** MAOIs, conivaptan, crizotinib, linezolid, nalbuphine, pazopanib, pentazocine, sibutramine, sodium oxalate, rifampin/ isoniazid.				X	
***MORPHINE:** Titrate in 2 – 5 mg increments every 3 – 5 minutes (if systolic BP > 90 mmHg). If no IV/IO available, 5 – 10 mg IM, which may be repeated in 20 minutes. Maximum total dose 30 mg.				X	
BASE CONTACT: for approval of higher morphine dose if indicated.					X
MIDAZOLAM: 0.5 – 1 mg increments titrated to patient's pain or spasm up to 5 mg. If no IV access available, 2 – 10 mg IM, 10 mg maximum.				X	

USE WITH CAUTION IN PATIENTS WITH

- Head trauma* †
- Altered mental status* †
- ETOH intoxication* †
- Decreased respirations*†
- Blood pressures < 90mmhg systolic*
- Elderly patients* †

AVOID THE USE OF MORPHINE AND FENTANYL CONCURRENTLY: If a patient experiences an adverse effect from one of these medications, the patient is experiencing unrelenting severe pain, and the transport time is extended, changing to the alternate medication may be appropriate with Base Hospital Physician consultation.

ANYTIME BOTH MORPHINE & FENTANYL IS ADMINISTERED TO A SINGLE PATIENT, AN UNUSUAL OCCURRENCE REPORT IS TO BE SUBMITTED TO THE EMS AGENCY.