

Pain Control



History

- Age
- Location
- Duration
- Severity (1 - 10)
- If child use Wong-Baker faces scale
- Past medical history
- Medications
- Drug allergies

Signs and Symptoms

- Severity (pain scale)
- Quality (sharp, dull, etc.)
- Radiation
- Relation to movement, respiration
- Increased with palpation of area

Differential

- Per the specific protocol
- Musculoskeletal
- Visceral (abdominal)
- Cardiac
- Pleural / Respiratory
- Neurogenic
- Renal (colic)

Enter from
Protocol based on **Specific Complaint**



Assess Pain Severity

Use combination of Pain Scale,
Circumstances, MOI, Injury or
Illness severity

Mild

Moderate to Severe

B	<p>Ibuprofen 10 mg/kg PO (400 – 800 mg typical adult) (Maximum 800 mg) Or Acetaminophen 15 mg/kg (325 – 1000 mg typical adult) (Maximum 1000 mg)</p>
A	Consider IV Procedure <i>if indicated</i>

A	<p>IV / IO Procedure</p> <p>Ketorolac Adult: 30 mg IV / IO, 60 mg IM (Maximum 60 mg) Pediatric: 0.5 mg/kg IV / IO / IM (Maximum 30 mg)</p>
	Cardiac Monitor
	Nitrous Oxide 50:50 Mix <i>if available</i>
P	<p>Fentanyl Adult: 50 – 100 mcg IV / IO / IM / IN Repeat 25 mcg every 20 minutes (Maximum 200 mcg) Pediatric: 1 mcg/kg IV / IO / IM / IN May repeat 0.5 mg/kg every 5 minutes (Maximum 2 mcg/kg) -----OR----- Morphine Adult: 2 - 4 mg IV / IO / IM Repeat 2 mg every 5 minutes as needed (Maximum 10 mg) Pediatric: 0.1 mg/kg IV / IO / IM May repeat every 5 minutes (Max single dose 4 mg/ total 10 mg)</p>
	Monitor and Reassess Every 10 minutes following sedative

Monitor and Reassess

**Notify Destination or
Contact Medical Control**

Pain Control



Fentanyl should be used if documented allergy to Morphine.

Fentanyl may be considered if reduction of pain is not achieved with initial dose of Morphine.

If pain medications are administered, patient should be transported for evaluation by physician.

Any deviation from the established guidelines or dosing requires orders from Medical Control .

Pearls

- **Recommended Exam: Mental Status, Area of Pain, Neuro**
- **Pain severity (0-10) is a vital sign to be recorded before and after PO, IV, IO or IM medication delivery and at patient hand off. Monitor BP closely as sedative and pain control agents may cause hypotension.**
- **Both arms of the treatment may be used in concert. For patients in Moderate pain for instance, you may use the combination of an oral medication and parenteral if no contraindications are present.**
- **Pediatrics:**
 - For children use Wong-Baker faces scale or the FLACC score (see Assessment Pain Procedure)
 - Use Numeric (> 9 yrs), Wong-Baker faces (4-16yrs) or FLACC scale (0-7 yrs) as needed to assess pain
- **Vital signs should be obtained before, 10 minutes after, and at patient hand off with all pain medications.**
- All patients who receive IM or IV medications must be observed 15 minutes for drug reaction in the event no transport occurs.
- Do not administer any PO medications for patients who may need surgical intervention such as open fractures or fracture deformities, headaches, or abdominal pain.
- **Ketorolac (Toradol) and Ibuprofen should not be used in patients with known renal disease or renal transplant, in patients who have known drug allergies to NSAID's (non-steroidal anti-inflammatory medications), with active bleeding, headaches, abdominal pain, stomach ulcers or in patients who may need surgical intervention such as open fractures or fracture deformities.**
- Do not administer **Acetaminophen** to patients with a history of liver disease.
- Burn patients may required higher than usual opioid doses to titrate adequate pain control.
- Consider agency-specific anti-emetic(s) for nausea and/or vomiting.