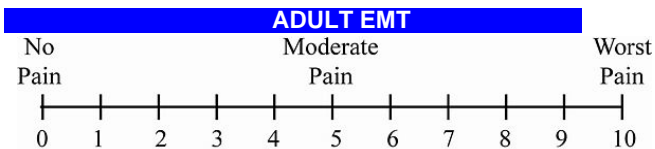


# PAIN & ANXIETY MANAGEMENT

## ALL PROVIDERS

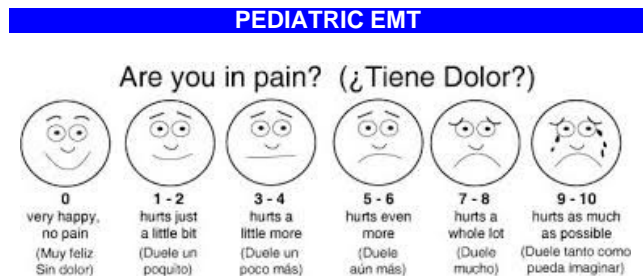
- ❑ Focused history and physical exam
- ❑ Assess the patient's pain using verbal and non-verbal cues and appropriate pain scale
- ❑ Continuous cardiac, ETCO<sub>2</sub>, and pulse oximetry monitoring, when available
- ❑ Implement appropriate treatment guideline for the chief complaint.
- ❑ **Treatment Plan**
  - Consider non-pharmaceutical/family centered comfort measures as indicated, refer to the **Family Centered Care Guideline**.
  - Immobilize any obvious injuries and place patient in a position of comfort
  - Implement pharmaceutical measures
    - Monitor patient vital signs every 5 minutes as this guideline is implemented
    - Have naloxone available in case of respiratory suppression
    - Avoid or stop giving medications if SBP <100mmHg in adults, SBP <70 + (age in years x 2) mmHg for pediatrics, SaO<sub>2</sub> < 90% without oxygen, or GCS <14
    - Stop pain medication dosing when the patient has adequate relief, pain score <5, adult SBP <100mmHg, peds SBP <70 + (age in years x 2) mmHg, SaO<sub>2</sub><90% without oxygen, or GCS <14
- ❑ **Key Considerations**
  - Use Wong-Baker Faces scale for pain assessment in patients 3-8 years old
  - A FLACC scale can be used to assess pain in infants

### ADULT



### PEDIATRIC (<15 years of Age)

**NOTE: Pediatric weight based dosing should not exceed Adult dosing.**



Categories	FLACC Scoring for Infants		
	0	1	2
Face	No particular expression or smile	Occasional grimace or frown, withdrawn, disinterested	Frequent to constant frown, clenched jaw, quivering chin
Legs	Normal position or relaxed	Uneasy, restless, tense	Kicking, or legs drawn up
Activity	Lying quietly, normal position, moves easily	Squirming, shifting back and forth, tense	Arched, rigid, or jerking
Cry	No cry (awake or asleep)	Moans or whimpers, occasional complaint	Crying steadily, screams or sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging or talking to, distractible	Difficult to console or comfort

**ADULT AEMT**

- ❑ Vascular access and fluid therapy per *IV/IO Access and Fluid Therapy Guidelines*
- ❑ Contact OLMC for orders to initiate pain management.
  - o **Morphine Sulfate 2-4mg** q10 minutes IV/IO/IM titrated to effect
  - OR
  - o **Fentanyl 25-50 mcg** q10 minutes IV/IM/IN/IO

**PEDIATRIC AEMT**

- ❑ Vascular access and fluid therapy per *IV/IO Access and Fluid Therapy Guidelines*
- ❑ Contact OLMC for orders to initiate pain management.
  - o **Morphine Sulfate 0.1 mg/kg** (max of 4mg per dose) IV/IM/IO titrated to effect
  - OR
  - o **Fentanyl 1 mcg/kg** (max 75mcg per dose) IV/IM/IO. Use 2mcg/kg for (max 100mcg per dose) IN (Intranasal)
  - o For additional doses, contact OLMC

**ADULT PARAMEDIC**

The order in which medications below are listed is not intended to indicate hierarchy, order, or preference of administration

Dosages should be reduced by half for elderly patients or patients with evidence of drug or alcohol intoxication

**Pain Control**

- ❑ **Morphine Sulfate 2-4mg** q10 minutes IV/IO/IM titrated to effect
- OR
- ❑ **Fentanyl 25-50 mcg** q10 minutes IV/IO/IM/IN

**Second line**

- ❑ **Ketamine 0.25mg/kg** over 5-10 minutes IV/IO. Max dose 30 mgs.
- ❑ For additional doses, contact OLMC.

**Anxiety Control**

- ❑ When using benzodiazepines in combination with opiates or ketamine, reduce the dose to prevent over sedation or respiratory depression.

**Midazolam**

- ❑ **IV/IO – 2.5-5 mg**, may repeat once in 10 minutes, if needed. Total max dose: 10mg
- ❑ **Intranasal (IN) – 5 mg**, may repeat once in 10 minutes to a max dose of 10mg
- ❑ **Intramuscular (IM) – 10 mg** once

**Diazepam**

- ❑ **IV/IO – 5 mg** every 10 min to the desired effect or max dosage of 20 mg
- ❑ **Intramuscular (IM) – 10 mg** once (IM not preferred, unless no other options)

**Lorazepam**

- ❑ **IV/IO – 2 mg** every 5 min. to the desired effect or max dose of 4 mg
- ❑ **Intramuscular (IM) – 4 mg** once

**PEDIATRIC PARAMEDIC**

The order in which medications below are listed is not intended to indicate hierarchy, order, or preference of administration

Dosages should be reduced by half for patients with evidence of drug or alcohol intoxication

**Pain Control**

- ❑ **Morphine Sulfate 0.1 mg/kg** (max of 4mg per dose) IV/IM/IO titrated to effect
- OR
- ❑ **Fentanyl 1 mcg/kg** (max 75mcg per dose) IV/IM/IO. Use 2mcg/kg for (max 100mcg per dose) IN (Intranasal)
- ❑ For additional doses, contact OLMC

**Second line**

- ❑ **Ketamine 0.25mg/kg** over 5-10 minutes IV/IO. Max dose 30 mgs. Contact medical control for additional doses.
- ❑ For additional doses, contact OLMC

**Anxiety Control**

- ❑ When using benzodiazepines in combination with opiates or ketamine, reduce the dose to prevent over sedation or respiratory depression.

**Midazolam**

- ❑ **IV/IO - 0.1 mg/kg** (max 5 mg), may repeat once in 10 minutes, if needed. Total max dose: 10 mg
- ❑ **Intranasal (IN) - 0.3 mg/kg** (max 5 mg), may repeat once in 10 minutes, if needed. Total max dose: 10 mg
- ❑ **Intramuscular (IM) – 0.15 mg/kg** (max 5 mg) once

**Diazepam**

- ❑ **IV/IO - 0.1 mg/kg** (max 5 mg), may repeat once in 10 minutes, if needed. Total max dose: 10 mg
- ❑ **Intramuscular (IM) – 0.2 mg/kg** (max 10 mg) once (IM not preferred unless no other options)

**Lorazepam**

- ❑ **IV/IO – 0.05 mg/kg** (max 2 mg), may repeat once in 10 minutes, if needed. Total max dose: 4 mg
- ❑ **Intramuscular (IM) – 0.05 mg/kg** (max 4 mg) once