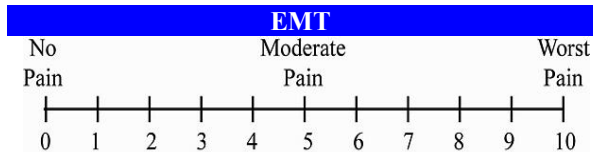


# PAIN MANAGEMENT

## ALL PROVIDERS

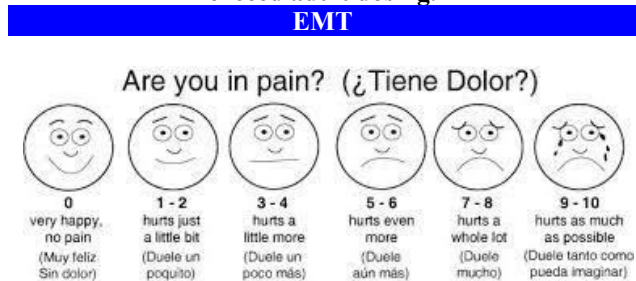
- Focused history and physical exam
- Assess the patient's pain using verbal and non-verbal cues and appropriate pain scale
- Continuous cardiac, ETCO<sub>2</sub>, blood pressure, and pulse oximetry monitoring, when available
- Implement appropriate treatment guideline for the chief complaint.
- Treatment 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
  - Consider ice packs
  - Implement pharmaceutical measures
    - Monitor patient vital signs every 5 minutes as this guideline is implemented
    - Have naloxone available in case of respiratory depression
    - 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
    - Agitated/Combative protocol should not be used in conjunction with pain management.
- 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	0	FLACC Scoring for Infants	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Face	No particular expression or smile	Occasional grimace or frown, withdrawn, disinterested	Frequent to constant frown, clenched jaw, quivering chin	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	

### AEMT

- Vascular access and fluid therapy
  - **The order in which medications below are listed is not intended to indicate**

### AEMT

- Vascular access and fluid therapy

hierarchy, order, or preference of administration

- Dosages should be reduced by half when there is concern for drug or alcohol intoxication and/or elderly.
- Consider treating with antiemetic's prior to pain management
- Maximize dosing of a single agent before using additional agents

#### Pain Control

- ❑ Acetaminophen 500-1000mg PO, single dose only (Agency Specific Option)
- ❑ IV Acetaminophen 15 mg/kg (Max 1000 mg). 100 ml drip should be infused over 15 minutes. (Agency Specific Option)
- ❑ Ibuprofen 600mg PO, single dose only (Agency Specific Option)
- ❑ Ketorolac 30 mg IM or 15mg IV/IO, single dose only (Agency Specific Option)
- ❑ Morphine Sulfate 2-10 mg q5 minutes IV/IO/IM titrated to effect. Max: 10 mg
- ❑ Fentanyl 25-100 mcg (1mcg/kg) q10 minutes IV/IO/IM/IN. Max 200 mcg
- ⌚ For additional doses, contact OLMC

- 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 when there is concern for drug or alcohol intoxication
- Consider treating with antiemetic's prior to pain management
- Maximize dosing of a single agent before using additional agents

#### Pain Control

- ❑ Acetaminophen 15mg/kg PO, single dose only. Max dose 650mg. (Agency Specific Option)
- ❑ IV Acetaminophen 15 mg/kg (Max 1000 mg). 100 ml drip should be infused over 15 minutes (Agency Specific Option)
- ❑ Ibuprofen 10mg/kg PO ONLY FOR USE in patients over the age of 6 months, single dose only. Max dose 600mg. (Agency Specific Option)
- ❑ Ketorolac 0.5mg/kg IV or IM (max 15mg), single dose only, ONLY FOR USE in patients over the age of 2. (Agency Specific Option)
- ❑ Fentanyl 1 mcg/kg (max 50 mcg per dose) IV/IM/IO. Use 2 mcg/kg for IN (intranasal) (max 100mcg per dose). May repeat x 1 if needed after 10-15 min
- ❑ Morphine Sulfate 0.1 mg/kg (max of 4mg per dose) IV/IM/IO titrated to effect
- ⌚ For additional doses, contact OLMC

#### PARAMEDIC

- ❑ Ketamine (Agency Specific Option)
  - Consider the size of the patient for dosing
  - IV/IO – 10-20mg every 5 minutes to the desired effect or max dose of 40mg
  - 40mg diluted in 100mL of normal saline IV/IO infused over 15 minutes OR until analgesia is attained.
  - Intranasal – 50mg x 1 dose
- ⌚ For additional doses, contact OLMC

#### PARAMEDIC

- ❑ Ketamine (Agency Specific Option)
  - Consider the size of the patient for dosing
  - IV/IO – 0.15-0.3mg/kg every 5 minutes to the desired effect or max dose of 0.6 mg/kg or 40mg, whichever is less.
  - 0.15-0.3 mg/kg (max 30mg) diluted in 100mL of normal saline IV/IO infused over 15 minutes ONLY FOR USE in patients over the age of 2 years.
- ❑ May halt infusion if pain relief obtained before full dose administered.
- ⌚ For additional doses, contact OLMC