PAIN MANAGEMENT

UPDATED 2/2024

ALL PROVIDERS

- □ Focused history and physical exam
- □ Assess the patient's pain using verbal and non-verbal cues and appropriate pain scale
- Continuous cardiac, ETCo2, blood pressure, and pulse oximetry monitoring.
 - Mandatory for Ketamine use

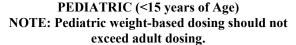
Treatment Plan

- Consider non-pharmaceutical/family centered comfort measures as indicated.
- 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
 - o Have naloxone available in case of respiratory depression
 - Avoid or stop giving pain medications if SBP <100mmHg in adults, SBP <70 + (age in years x 2) mmHg for pediatrics, SpO2 < 90% without oxygen, GCS <14, or adequate relief has been achieved <5
 - If pain and anxiety are both present, treat pain fully prior to contacting OLMC for further guidance.
- Behavioral Emergencies protocol should not be used with pain management, before OLMC guidance.

□ 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
- □ The order in which medications below are listed is not intended to indicate hierarchy, order, or preference of administration
- **D**osages should be reduced by half when there is concern for drug or alcohol intoxication and/or elderly.
- □ Maximize dosing of a single agent before using additional agents

ADULT



more

(Duele

aún más)

9-10

hurts as much

as possible

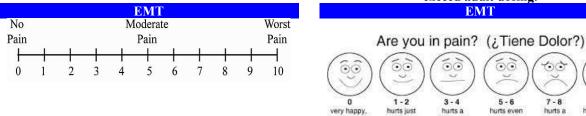
(Duele tanto como

pueda imaginar)

whole lot

(Duele

mucho)



Categories		FLACC Scoring for Infants	
	0	1	2
Face	No expression or smile	Occasional grimace or frown, withdrawn, disinterested	Frequent to constant frown, clenched jaw, quivering chin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

no pain

(Muy feliz

Sin dolor

a little bit

(Duele un

(ofupoq

little more

(Duele un

poco más)

AEMT

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

AEMT

- □ Vascular access and fluid therapy
- □ Acetaminophen 15mg/kg PO, single dose only. Max dose 650mg.
- □ **IV Acetaminophen** 15mg/kg (Max 1000mg) 100ml drip should be infused over 15 minutes.
- Ibuprofen 10mg/kg PO ONLY FOR USE in patients over the age of 6 months, single dose only. Max dose 600mg.
- ❑ Ketorolac 0.5mg/kg IVor IM (max 15mg), single dose only, ONLY FOR USE in patients over the age of 2.
- Fentanyl 1 mcg/kg (max 50 mcg per dose) IV/IM/IO. May repeat once after 10-15mins. 2 mcg/kg for IN (intranasal) (max 100mcg per dose).
- □ **Morphine Sulfate** 0.1 mg/kg (max of 4mg per dose) IV/IM/IO titrated to effect
- **For additional doses, contact OLMC**

PARAMEDIC

□ Ketamine

- Consider the size of the patient for dosing, ideal body weight (IBW) should be used
- IV/IO 0.15-0.3mg/kg (max 40mg) diluted in 100mL of NS or LR, IV/IO infused over 15 minutes ONLY FOR USE in patients over the age of 2 years.
- May halt infusion if pain relief is obtained before full dose is administered.
- **For additional doses, contact OLMC**

PARAMEDIC

- □ Ketamine
 - □ Consider the size of the patient for dosing, ideal body weight (IBW) should be used
 - IV/IO 10-20mg every 5 minutes to the desired effect or max dose of 40mg
 - Dose is to be diluted in 100mL of NS or LR, IV/IO infused over 15 minutes OR until analgesia is attained.
 - □ Intranasal 50mg x 1 dose
- □ May halt infusion if pain relief is obtained before full dose is administered.
- **For additional doses, contact OLMC**