Pain Management

The goal is to reduce the level of pain for patients in the pre-hospital setting. All non-cardiac pain should be assessed and scored according to the "Wong Pain Scale". Reassessment should be timed according to medication onset of action, changes in patient condition, patient positioning and other treatments.

Pre-Radio

MFR/EMT/SPECIALIST/PARAMEDIC

1. Follow **General Pre-Hospital Care Protocol** or Follow **Pediatric Assessment and Treatment Protocol**.
2. For trauma patients follow the **Adult or Pediatric Trauma Protocol**.
3. Place the patient in the position of most comfort.

SPECIALIST/PARAMEDIC

1. Start an IV NS KVO. If the patient has a systolic blood pressure is less than 100 mm Hg and signs of hypoperfusion administer a bolus of 20 ml/kg.

PARAMEDIC

If indicated, administer pain medication as described below. Systolic BP should be maintained at:

Adult $\geq$ 100 mm Hg
Pediatric 80 + (2 x age) mm Hg

1. Administer pain medication per MCA selection.
2. Administer Fentanyl 1 mcg/kg increments IV. If pain persists after five minutes repeat dose up to a maximum dose of 3 mcg/kg. For pediatric patients, administer 1 mcg/kg increments IV up to a maximum of 2 mcg/kg. If IV is unavailable contact medical control for IM consideration.
3. Administer Morphine sulfate in 2 – 5 mg (0.05 mg/kg) increments IV, up to a maximum of 20 mg. For pediatric patients administer Morphine sulfate 0.05 mg/kg IV.

NARCOTIC ANALGESIC OPTIONS
(Select Options)

☑ Fentanyl 1 mcg/kg IV/IO may repeat every 5 minutes until maximum of 3 mcg/kg, pediatric maximum of 2 mcg/kg

☑ Morphine sulfate 0.05 mg/kg IV may repeat dose every 5 minutes until maximum of 20 mg. For pediatric patients administer Morphine sulfate 0.05 mg/kg IV.

Medication Administration Option
(Choose one)

☑ Pre- radio

OR

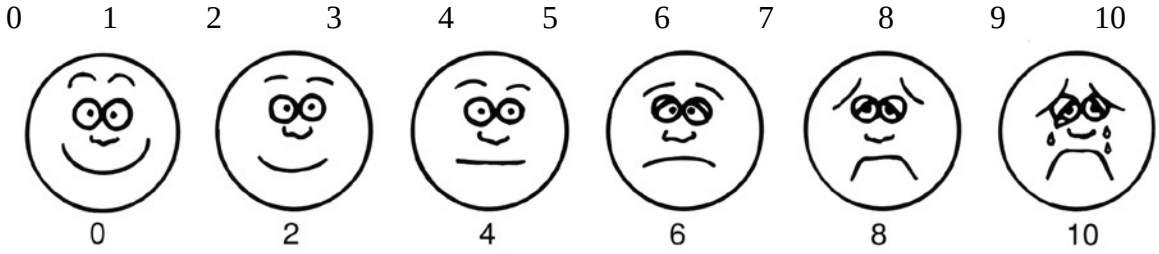
☐ Post-radio

Post-Radio

1. For patients with evidence of hypotension or hypoperfusion, contact medical control.

Wong Pain Scale: Pain Assessment Scale
Choose a number from 1 to 10 that best describes your pain

No pain — Distressing pain — Unbearable pain



NO HURT	HURTS LITTLE BIT	HURTS LITTLE MORE	HURTS EVEN MORE	HURTS WHOLE LOT	HURTS WORST

Indications for pain management include the following:
Short term pain relief for significantly painful conditions, including:

–Burns, isolated extremity trauma
–Back pain
–Flank pain
–Significant abdominal pain
–Severe headaches with migraine history
–Severe headache without altered mental status
–Significant pain in alert multiple trauma patient

Precautions include (use with care):

-Elderly
-Respiratory depressed
-Pregnancy – not a contraindication to pain treatment unless at term or in labor
-Altered mental status
-Severe respiratory disorders
-Nursing mothers – relative, still treat pain
-Impaired hepatic or renal function – decreased metabolism
-Ingestion of benzodiazapines (i.e. Valium) – increased respiratory depression

For conditions in which longer acting pain management is desired and appropriate, i.e. burns, isolated extremity trauma, Morphine may be used preferentially to Fentanyl.