



# Pain Control: Adult



## History


- Age
- Location
- Duration
- Severity (1 - 10)
- 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)

 Patient care according to C.O.G. based on Specific Complaint

Assess Pain Severity:  
Combination of Pain Scale, MOI,  
Circumstances, Injury, or Illness  
Severity

Pain Severity > 6 out of 10  
Or  
Indication for IV / IM Medication

NO

Consider If Available:  
**Ibuprofen or Acetaminophen**



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Consider If Available:  
**Nitrous Oxide**

**R** Pulse Ox / EtCO2

 Vascular Access C.O.G.

<b>B</b>	Consider: Nitrous Oxide
	Must reassess patient at least every 15 minutes after sedative medication
<b>P</b>	Consider Ketorolac
	Morphine or Fentanyl* * ONLY these MAXIMUM doses may be administered PRIOR to OLMC contact
	Morphine* 0.1 mg/kg up to 5 mg. May repeat Q 5 minutes. Max Dose = 10 mg
	Fentanyl* 2 mcg/kg up to 100 mcg. May repeat Q 5 minutes. Max Dose = 200 mcg
	Consider anti-emetics as needed
	Consider dissociative Ketamine for Refractory Pain

 Notify Destination or Contact Medical Control 

Morphine and Fentanyl Doses listed in this protocol may be used PRIOR to contact with OnLine Medical Control

Smaller doses of Narcotics MAY be utilized to achieve pain control. Repeat dosing of Narcotics is restricted to 5 minute intervals UNTIL the MAXIMUM dose is reached prior to OLMC Contact

Only ONE Narcotic agent may be utilized prior to OnLine Medical Direction

Relative Contraindications For IV Pain Control:

- Severe Head Injury
- End-Stage Lung Disease
- Untreated Hypotension

Relative Contraindications For Non-Steroidal Agents :

- Active Bleeding
- Possible Surgery
- Renal Disease

ADULT MEDICAL



# Pain Control: Adult



## PEARLS

- **Recommended Exam: Mental Status, Area of Pain, Neuro**
- Pain severity (0-10) is a vital sign to be recorded pre and post IV or IM medication delivery and at disposition.
- Vital signs should be obtained pre, 15 minutes post, and at disposition with all pain medications.
- **Smaller doses of Narcotics may be utilized based upon Service Medical Control Physician instruction – i.e. LESS than 0.1 mg/kg Morphine or LESS than 2 mcg/kg Fentanyl. The narcotic dosing may be repeated ONLY at 5 minutes or greater intervals and ONLY until the MAXIMUM DOSE LISTED is reached until Online Medical Control is established.**
- Relative Contraindications to the use of a narcotic include hypotension, head injury, respiratory distress or severe Lung Disease.
  - **Be prepared and observe for respiratory depression with ANY administration of narcotic Analgesic, sedative, or anti-emetic agents – particularly if given in combination.**
  - **Extra caution should be taken with patients under the influence of alcohol, drugs, or other sedative medications.**
- **Consider alternatives in patients who have known drug allergies to NSAID's (non-steroidal anti-inflammatory medications), with active bleeding, or in patients who may need surgical intervention such as open fractures or fracture deformities.**
- All patients who receive IM or IV medications must be observed 15 minutes for drug reaction.
- **Ibuprofen** should not be given for headaches or abdominal pain, history of gastritis, stomach ulcers, fracture, or if patient will require sedation.
- Do not administer any PO medications for patients who may need surgical intervention such as open fractures or fracture deformities, headaches, or abdominal pain.
- See drug list for other contraindications for Narcotics, Acetaminophen, Nitrous Oxide, and Ibuprofen.
  - **Only ONE NARCOTIC Agent may be used PRIOR TO OnLine Medical Control Direction. (i.e. May not “max out” one agent and then utilize a second agent prior to OnLine Medical Direction.)**
- **Ketamine: appropriate indications for pain control:**
  - Patients who have developed opioid-tolerance. Sick cell crisis patients with opioid-tolerance.
  - Patients who have obstructive sleep apnea.
  - May use in combination with opioids to limit total amount of opioid administration.
- **Ketamine: caution when using for pain control:**
  - Slow infusion or IV push over 10 minutes is associated with less side effects. Do not administer by rapid IV push.
  - Avoid in patients who have cardiac disease or uncontrolled hypertension.
  - Avoid in patients with increased intraocular pressure such as glaucoma.
  - Avoid use in combination with benzodiazepines due to decreased respiratory effort.
- **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.**
- **Key Documentation Elements:**
  - Vital Signs (Pulse, Blood Pressure, Respiratory Rate, Neurologic Status) with Pulse Oximetry
  - Acquisition of Known Patient Allergies PRIOR to administration of any medications.
  - Documentation of Initial Patient Pain Scale Assessment
  - Documentation of medication administration with Correct Dose
  - Documentation of Patient Reassessment with repeat Vital Signs and Patient Pain Scale assessment.
  - Medical Control Signature on ePCR within 72 Hours.