# Pain Management

**Stable**
- Blood pressure > 90 mmHg

**Unstable**
- Adult: Blood pressure <90 mmHg or signs of poor perfusion
- Pediatric: Delayed cap refill, poor skin perfusion signs, shortness of breath, altered mental status

## BLS Standing Orders

- **Universal Patient Protocol**
- Monitor O2 saturation PRN
- Control external bleeding
- Keep patient warm

- **Universal Patient Protocol**
- Ensure patent airway, administer oxygen and/or ventilate PRN.
- Monitor O2 saturation PRN
- Control external bleeding
- Keep patient warm
- Immediate transport

## LALS Standing Order Protocol

- Establish IV (2 large bore if massive blood loss or suspected internal injury)

## Adult ALS Standing Order Protocol

- Monitor ECG/O2 saturation
- EtCO2 monitoring PRN
- **For pain that is mild to severe:**
  - Acetaminophen 15 mg/kg up to max dose of 1000 mg IV x 1 max – infuse over 15 minutes
  - **OR**
  - Ketorolac – 0.5 mg/kg, up to max of 30 mg IV/IM

- **OR**

- **For pain moderate to severe:**
  - Morphine – 2-10 mg – IV/IM, in 2 mg increments, titrate to pain relief
  - **OR**
  - Fentanyl – 50 mcg IV/IN/IM, 50 mcg increments, titrate to pain relief to a max doses of 100 mcg

- Ondansetron – 4 mg – ODT/IV/IM for nausea and vomiting.

- Monitor ECG/O2 saturation
- EtCO2 monitoring PRN
- Acetaminophen 15 mg/kg up to max dose of 1000 mg IV x 1 max - infuse over 15 minutes
- Ondansetron – 4 mg – ODT/IV/IM for nausea and vomiting.
## Base Hospital Orders

### BH
- Repeat doses of **morphine** or **fentanyl**

### BHPO
- Suspected or known drug or ETOH intoxication

<table>
<thead>
<tr>
<th>BHPO: Acetaminophen 15 mg/kg up to max dose of 1000 mg IV x 1 – infuse over 15 minutes for patients with:</th>
<th>BHPO: Morphine – 2-10 mg – IV/IM, in 2 mg increments, titrate to pain relief, repeat per BHO</th>
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</thead>
<tbody>
<tr>
<td>• Isolated head injury</td>
<td>OR</td>
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<tr>
<td>• Acute onset severe headache</td>
<td>Fentanyl – 50 mcg IV/IN/IM repeat per BHO</td>
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<td>• Multiple trauma with GCS&lt;15</td>
<td>OR</td>
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<tr>
<td>• Suspected active labor</td>
<td>Ketorolac 0.5 mg/kg, up to max of 30 mg IV/IM – for the following:</td>
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<td>• Pain outside the abdomen, back, or extremities</td>
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### Notes

Closely monitor patient LOC and respirations after administration of morphine or fentanyl.

For cardiac and chest pain, morphine and fentanyl should be the only analgesia used. Aspirin should be given per protocol.

**Acetaminophen Exclusions:**
- Known hypersensitivity to acetaminophen
- Allergy to acetaminophen
- Severe hepatic impairment, active liver disease, or chronic alcohol abuse
- Age < 2 years old

**Ketorolac Exclusions:**
- History of renal disease, or kidney transplant
- Hypotension
- History of GI bleeding or ulcers in the last five years
- Current anticoagulation therapy or active bleeding
- Current steroid use
- Age < 1 years old or > 65 years old
Treatment Protocols

Pain Management

- Known hypersensitivity to NSAIDS
- History of asthma
- Pregnant or high possibility of pregnancy

APPROVED:

Katherine Staats, M.D.
Interim EMS Medical Director