Treatment Protocols Pain Management - Adult

Pain Management - Adult	Policy 9150A
<u>Stable</u> Blood pressure > 90 mmHg	<u>Unstable</u> Adult: Blood pressure <90 mmHg or signs of poor perfusion
Adult BLS Standing Orders	
 Universal Patient Protocol Ensure patent airway, administer oxygen and/or ventilate PRN per Airway Policy Monitor O2 saturation PRN Capnography Keep patient warm 	 Universal Patient Protocol Ensure patent airway, administer oxygen and/or ventilate PRN per Airway Policy Monitor O2 saturation Capnography Keep patient warm Immediate transport
Adult LALS Standing Order Protocol	
Establish IV PRNCapnography	Establish IVCapnography
Adult ALS Standing Order Protocol	
 Monitor EKG Establish IV/IO PRN Capnography For pain that is mild to severe: Acetaminophen 15 mg/kg up to max dose of 1000 mg IV, infuse over 15 minutes OR Ketorolac – 15 mg IV/IO or 30 mg IM For pain mild to severe: Morphine 2-10 mg – IV/IM/IO MR q10min x1 OR Fentanyl 25-100 mcg IV/IM/IO/IN MR q10min x1 For nausea and vomiting: Ondansetron 4 mg IV/IO/IM/ODT PRN, MR x1, total 8 mg 	 Monitor EKG Establish IV/IO Capnography For pain that is mild to severe: Acetaminophen 15 mg/kg up to max dose of 1000 mg IV, infuse over 15 minutes For nausea and vomiting: Ondansetron 4 mg IV/IO/IM/ODT PRN, MR x1, total 8 mg BHPO for opiate or ketorolac administration with hypotension
Base Hospital Orders BH • Repeat doses of morphine or fentanyl	
 BHPO Suspected or known drug or ETOH intoxication 	

Treatment Protocols Pain Management - Adult Policy 9150A **BHPO:** BHPO for opiate or ketorolac administration with Acetaminophen 15 mg/kg up to max dose of hypotension: **1000 mg IV x 1** – infuse over 15 minutes for patients Morphine – 2-10 mg – IV/IM/IO [Repeat per BHO] with: OR • Isolated head injury Fentanyl – 25-100 mcg IV/IN/IM/IO [Repeat per BHO] Acute onset severe headache • OR • Multiple trauma with GCS<15 Ketorolac 15 mg IV/IO or 30 mg IM – for the • Suspected active labor following:

• Pain outside the abdomen, back, or extremities

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.

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
- Known hypersensitivity to NSAIDS
- History of asthma
- Pregnant or high possibility of pregnancy
- Other NSAID use in the past six hours

Acetaminophen Exclusions:

- Known hypersensitivity to acetaminophen
- Allergy to acetaminophen
- Severe hepatic impairment, active liver disease, or chronic alcohol abuse
- Age < 2 years old
- Other acetaminophen/paracetamol dosing in the past six hours

APPROVED: <u>SIGNATURE ON FILE – 07/01/25</u> Katherine Staats, M.D. FACEP EMS Medical Director