Treatment Protocols Pain Management - Adult

<u>Stable</u> Blood pressure > 90 mmHg	Unstable 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 Keep patient warm	 Universal Patient Protocol Ensure patent airway, administer oxygen and/or ventilate PRN per Airway Policy Monitor O2 saturation Keep patient warm Immediate transport
Adult LALS Standing Order Protocol	
Establish IV PRN	• Establish IV
Adult ALS Stand	ing 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

Treatment Protocols Pain Management - Adult

Pain Management - Adult	Policy 9150A
BH	
• Repeat doses of morphine or fentanyl	
<u>BHPO</u>	
 Suspected or known drug or ETOH intoxication 	
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
• Acute onset severe headache	BHO]
• Multiple trauma with GCS<15	OR
Suspected active labor	Ketorolac 15 mg IV/IO or 30 mg IM – for the
1	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</u> Katherine Staats, M.D. FACEP EMS Medical Director