#### Treatment Protocols Pain Management - Adu

Pain Management - Adult	Policy 9150A
<u>Stable</u> Blood pressure > 90 mmHg	UnstableAdult: Blood pressure <90 mmHg or signs of poor perfusion
Adult BLS Standing Orders	
<ul> <li>Universal Patient Protocol</li> <li>Ensure patent airway, administer oxygen and/or ventilate PRN per Airway Policy</li> <li>Monitor O2 saturation PRN</li> <li>Capnography</li> <li>Keep patient warm</li> </ul>	<ul> <li>Universal Patient Protocol</li> <li>Ensure patent airway, administer oxygen and/or ventilate PRN per Airway Policy</li> <li>Monitor O2 saturation</li> <li>Capnography</li> <li>Keep patient warm</li> <li>Immediate transport</li> </ul>
Adult LALS Standing Order Protocol	
<ul><li>Establish IV PRN</li><li>Capnography</li></ul>	<ul><li>Establish IV</li><li>Capnography</li></ul>
Adult ALS Stand	ing Order Protocol
<ul> <li>Monitor EKG</li> <li>Establish IV/IO PRN</li> <li>Capnography</li> <li>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</li> <li>For pain mild to severe: <ul> <li>Morphine 2-10 mg – IV/IM/IO MR q10min x1</li> </ul> </li> <li>OR <ul> <li>Fentanyl 25-100 mcg IV/IM/IO/IN MR q10min x1</li> </ul> </li> <li>For nausea and vomiting: <ul> <li>Ondansetron 4 mg IV/IO/IM/ODT PRN, MR x1, total 8 mg</li> </ul> </li> </ul>	<ul> <li>Monitor EKG</li> <li>Establish IV/IO</li> <li>Capnography</li> <li>For pain that is mild to severe: Acetaminophen 15 mg/kg up to max dose of 1000 mg IV, infuse over 15 minutes</li> <li>For nausea and vomiting: <ul> <li>Ondansetron 4 mg IV/IO/IM/ODT PRN, MR x1, total 8 mg</li> </ul> </li> <li>BHPO for opiate or ketorolac administration with hypotension</li> </ul>
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</u> Katherine Staats, M.D. FACEP EMS Medical Director