Date: 02/01/2021

Policy 9150A

Treatment Protocols Pain Management - Adult

Stable

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

Adult ALS Standing Order Protocol

Provide continuous ECG, blood pressure, pulse oximetry, and capnography monitoring PRN

1000 mg IV x 1 max – infuse over 15 minutes

- For pain that is mild to severe: Acetaminophen 15 mg/kg up to max dose of
 - OR

Ketorolac -0.5 mg/kg, up to max of 15 mg IV/IM

For pain moderate to severe:

Morphine -0.1 mg/kg, max dose 10 mg - IV/IM

OR

Fentanyl -25-50 mcg IV/IN/IM

For nausea and vomiting:

Ondansetron – 4 mg ODT/IV/IM

- Provide continuous ECG, blood pressure, pulse oximetry, and capnography monitoring
- 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

For nausea and vomiting:

Ondansetron – 4 mg ODT/IV/IM

Base Hospital Orders

BH

Repeat doses of morphine or fentanyl

BHPO

Suspected or known drug or ETOH intoxication

Emergency Medical Services Agency Policy/Procedure/Protocol Manual

Treatment Protocols

Pain Management - Adult

Date: 02/01/2021 Policy 9150A

DIIDO	DIIDO
BHPO:	BHPO:
Acetaminophen 15 mg/kg up to max dose of	Morphine – 0.1 mg/kg, max dose 10 mg – IV/IM
1000 mg IV x 1 – infuse over 15 minutes for patients	[Repeat per BHO]
with:	
 Isolated head injury 	OR
 Acute onset severe headache 	
 Multiple trauma with GCS<15 	Fentanyl – 25-50 mcg IV/IN/IM [Repeat per BHO]
Suspected active labor	
5 Suspected active labor	OR
	Ketorolac 0.5 mg/kg, up to max of 15 mg IV/IM –
	for the 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

Acetaminophen Exclusions:

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

APPROVED:

Signature on File

Katherine Staats, M.D.

EMS Medical Director