

Treatment Protocols

Date: 07/01/2021

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	
<ul style="list-style-type: none"> • Universal Patient Protocol • Ensure patent airway, administer oxygen and/or ventilate PRN per Airway Policy • Monitor O2 saturation PRN • Keep patient warm 	<ul style="list-style-type: none"> • 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	
<ul style="list-style-type: none"> • Establish IV (Bilateral large bore if massive blood loss or suspected internal injury) 	<ul style="list-style-type: none"> • Establish IV prn (Bilateral large bore if massive blood loss or suspected internal injury) <p><u>Hypotension</u></p> <ul style="list-style-type: none"> • Fluid bolus 500 ml IV MR x1
Adult ALS Standing Order Protocol	

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<ul style="list-style-type: none"> • Monitor EKG • Establish IV/IO • Capnography <p>• 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 – 0.5 mg/kg IV/IO/IM to a max of 15 mg IV/IO or 30 mg IM</p> <p>For pain moderate to severe:</p> <ul style="list-style-type: none"> • Morphine 0.1 mg/kg, max dose 10 mg – IV/IM/IO MR BH <p>OR</p> <ul style="list-style-type: none"> • Fentanyl 25-100 mcg IV/IN/IM/IO MR BH <p>For nausea and vomiting:</p> <ul style="list-style-type: none"> • Ondansetron – 4 mg ODT/IV/IM/IO 	<ul style="list-style-type: none"> • Monitor EKG • Establish IV/IO • Capnography <p>• For pain that is mild to severe: Acetaminophen 15 mg/kg up to max dose of 1000 mg IV, infuse over 15 minutes</p> <p>• For nausea and vomiting: Ondansetron – 4 mg ODT/IV/IM/IO</p> <p><u>BHPO for opiate or ketorolac administration with hypotension</u></p>
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Base Hospital Orders

<p><u>BH</u></p> <ul style="list-style-type: none"> • Repeat doses of morphine or fentanyl <p><u>BHPO</u></p> <ul style="list-style-type: none"> • Suspected or known drug or ETOH intoxication 	
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<p><u>BHPO:</u> Acetaminophen 15 mg/kg up to max dose of 1000 mg IV x 1 – infuse over 15 minutes for patients with:</p> <ul style="list-style-type: none"> • Isolated head injury • Acute onset severe headache • Multiple trauma with GCS<15 • Suspected active labor 	<p><u>BHPO for opiate or ketorolac administration with hypotension:</u> Morphine – 0.1 mg/kg, max dose 10 mg – IV/IM/IO [Repeat per BHO] OR Fentanyl – 25-100 mcg IV/IN/IM/IO [Repeat per BHO] OR Ketorolac 0.5 mg/kg, up to max of 15 mg IV/IM/IO – for the following:</p> <ul style="list-style-type: none"> • Pain outside the abdomen, back, or extremities
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Notes

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

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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

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