

Treatment Protocols

Date: 09/01/2018

Pain Management

Policy 9400

<p><u>Stable</u> Blood pressure > 90 mmHg</p>	<p><u>Unstable</u> Adult: Blood pressure <90 mmHg or signs of poor perfusion Pediatric: Delayed cap refill, poor skin perfusion signs, shortness of breath, altered mental status</p>
<p>BLS Standing Orders</p>	
<ul style="list-style-type: none"> • Universal Patient Protocol • Monitor O2 saturation PRN • Control external bleeding • Keep patient warm 	<ul style="list-style-type: none"> • Universal Patient Protocol • Ensure patent airway, administer oxygen and/or ventilate PRN. • Monitor O2 saturation PRN • Control external bleeding • Keep patient warm • Immediate transport
<p>LALS Standing Order Protocol</p>	
<ul style="list-style-type: none"> • Establish IV (2 large bore if massive blood loss or suspected internal injury) 	<ul style="list-style-type: none"> • Establish IV (2 large bore if mass blood loss or suspected internal injury) • NS 0.9% - 500 mL – IV bolus: For BP <90 mmHg systolic, Target BP 80-90 mmHg systolic.
<p>Adult ALS Standing Order Protocol</p>	
<ul style="list-style-type: none"> • Monitor ECG/O2 saturation • EtCO2 monitoring PRN • 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 OR Ketorolac – 0.5 mg/kg, up to max of 30 mg IV/IM OR • For pain moderate to severe: Morphine – 2-10 mg – IV/IM, in 2 mg increments, titrate to pain relief OR Fentanyl – 50 mcg IV/IN/IM, 50 mcg increments, titrate to pain relief to a max does of 100 mcg • Ondansetron – 4 mg – ODT/IV/IM for nausea and vomiting. 	<ul style="list-style-type: none"> • Monitor ECG/O2 saturation • EtCO2 monitoring PRN • Acetaminophen 15 mg/kg up to max dose of 1000 mg IV x 1 max - infuse over 15 minutes • Ondansetron – 4 mg – ODT/IV/IM for nausea and vomiting.

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Base Hospital Orders

BH

- Repeat doses of **morphine** or **fentanyl**

BHPO

- Suspected or known drug or ETOH intoxication

BHPO:

Acetaminophen 15 mg/kg up to max dose of 1000 mg IV x 1 – infuse over 15 minutes for patients with:

- Isolated head injury
- Acute onset severe headache
- Multiple trauma with GCS<15
- Suspected active labor

BHPO:

Morphine – 2-10 mg – IV/IM, in 2 mg increments, titrate to pain relief, repeat per BHO

OR

Fentanyl – 50 mcg IV/IN/IM repeat per BHO

OR

Ketorolac 0.5 mg/kg, up to max of 30 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.

Acetaminophen Exclusions:

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

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

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- Known hypersensitivity to NSAIDS
- History of asthma
- Pregnant or high possibility of pregnancy

APPROVED:



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