Procedure 703: Pain Management

Revision 7/01/23
Effective 1/31/24

- Purpose:
  - To provide monitored pain reduction to patients having moderate to severe pain. The purpose of this procedure is to provide *pain management*, not to eliminate pain altogether.
- General Guidelines:
  - Always begin with an assessment
    - PQRST and 1-10 scale rating or other, age appropriate assessment tools.
    - Physical assessment including vital signs, oxygen saturation, capnography, and EKG (when appropriate).
  - BLS measures should always be used prior to medication to reduce pain. BLS measures include, but are not limited to;
    - cold packs
    - repositioning
    - elevation
    - splinting/immobilizing
    - psychological coaching
    - bandaging.
  - Medications are limited to patients with moderate to severe pain unresolved with BLS measures.
  - Make base station contact if there is any question about whether the patient meets inclusive criteria.
  - Co-morbid factors such as extremes in age and significant medical problems can affect the patient's ability to tolerate pain medication. Adjust dose accordingly.
  - Apply oxygen to keep $PO_2 \geq 94\%$
  - For opioids, have **Narcan** readily available to reverse any respiratory depression that may occur.
  - Following medication administration, monitor with continuous pulse oximetry, end tidal capnography and frequent vital signs
  - Document all medication responses in PCR; this should include any changes in the patient's pain status, as well as reassessments of vital signs.
  - IV is usually the preferred route; however, if a line cannot be readily established, administer the medication IO, IM or IN (except for cardiac chest pain patients).
  - Pain perception is subjective. All patients expressing verbal or behavioral indicators of pain shall have an appropriate assessment and management as indicated and allowed by this policy.
- Medications:
  - **Ketorolac**
    - Drug of choice for mild to moderate pain with score ≥ 5 and meet ALL of the following criteria:
      - Non traumatic back pain, abdominal pain or pain in extremities
      - Ketorolac is particularly effective for severe renal colic
      - Onset of action is slower than for opioids but has a longer duration of action.
    - Contraindications

- History of renal disease or kidney transplant
- Hypotension defined as less than 90 mm Hg
- History of GI bleeding or ulcers
- Current anticoagulation therapy or active bleeding
- Current steroid use
- Age less than 2 years of age or greater than 65 years of age
- Known allergy or hypersensitivity to NSAIDS (non-steroidal anti-inflammatory medications)
- History of Asthma
- Pregnant or high possibility of pregnancy
- Severe Headaches consistent with signs and symptoms of intracranial bleed and/or disease

➢ **Fentanyl**
- Preferred for adults and pediatrics with non-traumatic pain: quicker onset, less nausea than **Morphine**
- **Fentanyl** is more potent than **Morphine**; **Fentanyl** 100 mcgs ≅ **Morphine** 10 mg.
  - **Fentanyl** may be used for cardiac chest pain
  - For older patients use with caution and consider lower doses

➢ **Morphine**
- Drug of choice for suspected cardiac chest pain.
  - For older patients use with caution and consider lower doses
  - Fentanyl may also be used for cardiac chest pain and may provide similar benefits.

Table 1: Pain Management			
Pain Management Criteria	Base Station Contact	Treatment	
		Adult	Pediatric
Mild to Moderate Pain (First line of treatment when practical)			
• All	No	• BLS Pain Management Procedures	• BLS Pain Management Procedures
• Non traumatic abdominal, renal colic, extremity or back pain	No (unless over max doses needed)	• **Ketorolac** ○ 15 mg IVP/IO slow IVP over 15 seconds up to 15 mg max ○ 30 mg IM up to 30 mg max	• **Ketorolac** ○ 0.5 mg/kg IVP/IO/IM/IN slow IVP over 15 seconds up to 15 mg max
Moderate to Severe Pain (Pain not controlled with Mild to Moderate measures or otherwise contraindicated)			
• Suspected Cardiac Ischemia • Significant extremity injuries • Burn or Crush injury • Prolonged Extrication • Severe back and spinal pain • Immobilized patients • Traumatic Abdominal or thoracic pain • Hip fracture or dislocation • Transcutaneous Pacing • Snake Bites	No (unless over max doses needed)	• **Morphine Sulfate** ○ 2-5 mg IVP/IO up to 15 mg max ○ 10 mg IM up to 15 mg max • **Fentanyl Citrate** ○ 50-100 mcg IVP/IO/IM/IN ○ 200 mcg max	• **Morphine Sulfate** ○ 0.1 mg/kg IV/IM ○ 10 mg max • **Fentanyl Citrate** ○ 1mcg/kg IV/IO, IM or IN; may repeat 1 mcg/kg in 10-15 minutes prn pain for a total of 2 mcg/kg; max of 100 mcg total.
Special Circumstances			
• IO Fluid Administration	No (unless over max doses needed)	• **Lidocaine** ○ 40 mg IO ○ 40 mg max	• **Lidocaine** ○ 0.5 mg/kg IO ○ 40 mg max
• Head Trauma • Decreased respirations • Altered mental status • Women in labor • B/P < 90 systolic • Patients with pain not covered above	Yes	• Contact Base Station prior to administering any pain medication	• Contact Base Station prior to administering any pain medication