

Purpose: To provide a method for managing the pain of patients during the delivery of emergency medical care or transport. This procedure is for Paramedic use only.

I. Assessment

- A. Evaluate and maintain the airway, evaluate breathing, adequate perfusion.
1. Monitor vital signs, pulse oximetry and level of consciousness.

II. Indications for Pain Management

- A. Patient with pain due to orthopedic injury
B. Patient with burns or other severe soft tissue injury
C. Patient with known diagnosis of kidney stones
D. For pain induced by procedures, see Patient Sedation Procedure.

III. Contraindications

- A. Potentially hemodynamically unstable patient
B. Allergies to morphine sulfate, fentanyl or midazolam

IV. Procedure

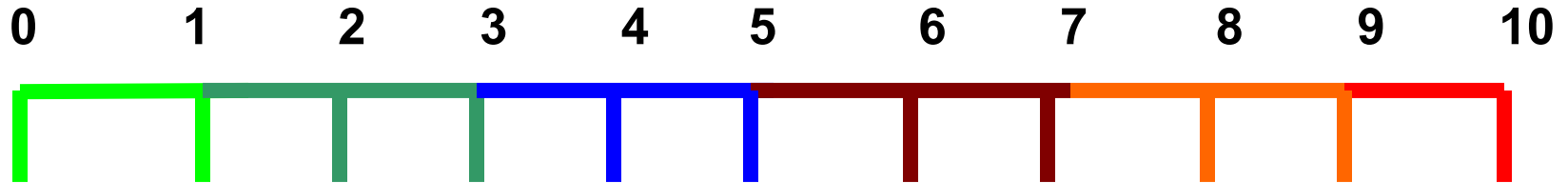
- A. Utilize universal precautions.
B. Maintain airway, provide oxygenation and support ventilation as needed.
1. Airway and ventilation equipment must be prepared because of the potential for respiratory compromise due to medication effects.
C. Obtain vascular access.
D. ASK the patient and/or family about allergies
E. Obtain a pain rating from the patient.*
F. Standing Order Medications
1. Titrate administration of medication to a level where pain is reduced or relieved.
a. Consider **morphine sulfate** (use only one of the analgesics)
i. **ADULT:** 2-10 mg slow IVP (2mg increments)
ii. **Pediatrics:** 0.1 mg/kg IVP
1.) If IV cannot be obtained, consider morphine IM
b. Consider **Fentanyl** (use only one of the analgesics)
i. **Adult-** 25-100mcg IVP titrate to effect, max 200mcg
ii. **Pediatric-** 1mcg/kg IVP slowly. Call after initial dose.
iii. More rapid onset than morphine, duration 30-60 min. Less histamine release, therefore fewer hemodynamic effects
iv. 100mcg roughly equivalent to 10mg morphine
v. **May cause chest wall rigidity with rapid administration**
2. Consider the administration of Zofran concurrently with pain medications
a. 0.1mg/kg slow IVP adults and pediatric patients diluted to 10 cc NaCl (given slow IVP over 2 minutes) max dose 4mg.
G. Possible orders post radio contact:
1. Additional **morphine sulfate**, if MS was the administered medication
2. Additional **fentanyl**, if fentanyl was the administered medication
3. Administer **midazolam** 0.05mg/kg to max of 5mg, titrating to pain. (Adult and peds)

IV. Special Considerations

- A. Diluting morphine with saline assists in the ability to titrate slowly
B. It is wise to have naloxone prepared in syringe for reversal of morphine and fentanyl

UNIVERSAL PAIN ASSESSMENT TOOL

This pain assessment tool is intended to help patient care providers assess pain according to individual patient needs. Explain and use 0-10 Scale for patient self-assessment. Use the faces or behavioral observations to interpret expressed pain when the patient cannot communicate his/her pain intensity.



No Pain

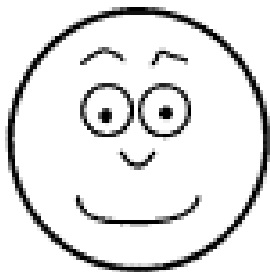
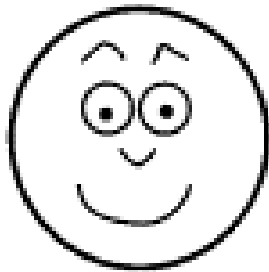
Mild Pain

Moderate Pain

Moderate Pain

Severe Pain

Worst Pain Possible



0

2

4

6

8

10

Alert
Smiling

No humor
serious
Flat

Furrowed brow
pursed lips
breath holding

Wrinkled nose
raised upper lips
rapid breathing

Slow blink
open mouth

Eyes closed
moaning
crying

NADA DE DOLOR

UNPOQUITO DE DOLOR

UN DOLOR LEVE

DOLOR FUERTE

DOLOR DEMASIADO

UN DOLOR INSOPORTABLE