

SECTION: M-11

PROTOCOL TITLE: Adult Pain Control

REVISED: May 01, 2022

GENERAL COMMENTS: Pre-hospital EMS is committed to the relief of pain and suffering in patients with acute painful conditions. Given the circumstances, complete resolution of pain may be an unachievable goal. It is therefore an acceptable goal to make pain more tolerable until definitive care can be rendered.

Documentation of pain level, sedation, level of consciousness, vital signs, and maintenance of vital functions (i.e. airway and respiratory drive) is essential before and after analgesic administration, and monitoring needs to be constant for changes in condition.

ALS Providers should consider decreased dosage or prolong administration intervals of sedative or analgesic medications in higher risk populations such as altered mental status, traumatic head injury, hypotension, recent use/administration of other sedative/analgesic medications, elderly, or known/suspected hypersensitivity.

BLS SPECIFIC CARE: *See adult General Medical Care Protocol M-1*

- Treat underlying injury or illness as appropriate
- Consider use of splinting, elevation, ice packs, padding, breathing techniques, good communication or the use of family members to assist in calming or alleviating pain

AEMT/O.M. SPECIFIC CARE: *See adult General Medical Care Protocol M-1*

ALS SPECIFIC CARE: *See adult General Medical Care Protocol M-1*

Analgesics

DO NOT administer/discontinue administration if:

- Systolic BP < 90 mmHg
- Respiratory rate, SpO₂ and/or mental status diminishes

Consider use of anti-emetics with administration of analgesics especially in the setting of trauma or known sensitivity.

Protocol M-11

ADULT PAIN CONTROL

If unable to control pain after max dose of any single analgesic, call medical control to continue with another analgesic.

- Fentanyl IV/IO/IM/IN
 - 1 mcg/kg initial dose (max single dose 100 mcg)
 - Give slowly over 2 minutes (with the exception of IN route)
 - May repeat every 10 minutes as needed
 - **max total dose of 200 mcg**
- Morphine sulfate IV/IM/IO
 - 0.1 mg/kg as initial dose (max initial dose 10 mg)
 - Give slowly over 2 min
 - May repeat every 10 minutes as needed with 0.05 mg/kg
 - **Max total dose of 20 mg**
- Dilaudid IV/IO
 - 0.5mg slow IV push over 2-3 minutes
 - May repeat every 10 minutes as needed
 - **Max total Dose 2 mg**
- Ketamine Hydrochloride IV/IM/IO
 - IV/IO 0.2 mg/kg (Max single Dose 30 mg)
 - Dilute to at least 10 ml and give slowly over 2 minutes
 - May repeat every 20 minutes as needed
 - Or
 - IM: 0.5 mg/kg
 - repeated every 30 minutes PRN
 - Max single dose 50 mg

PHYSICIAN PEARLS:

When possible, IV/IO route is preferred method of administration due to ability to titrate dosage.

Providers at all levels should take a multi-faceted approach to pain control. Pain is often complex and multidimensional, and thus treatment should be individualized for each patient. Providers must be aware of the pharmacology and possible complications with every analgesic in the protocols.