PAIN CONTROL	
ADULT	PEDIATRIC - (14 years and under)
BLS Procedures	
 Administer oxygen as indicated Refer to Policy 533-02 Airway Management Place patient in position of comfort Assess pain using the most appropriate scale (numeric or Wong-Baker FACES* scale) 	 Administer oxygen as indicated Refer to Policy 533-02 Airway Management Place patient in position of comfort Assess pain using the most appropriate scale (numeric or Wong-Baker FACES* scale)
Expanded Scope	
Same as BLS	Same as BLS
ALS Prior to Base Hospital Contact	
 Vascular Access Cardiac monitor If nausea/vomiting is present: Refer to Policy 533-15: Nausea/Vomiting 	 Vascular Access Cardiac monitor If nausea/vomiting is present: Refer to Policy 533-15: Nausea/Vomiting
Pain Scale ≥ 5/10 Fentanyl SBP ≥ 100mmHg with unimpaired respirations, GCS normal for baseline & no known anaphylaxis: • IV/IO – 1mcg/kg over 1 min • Max single dose 100mcg • May repeat every 5 mins for persistent pain • Not to exceed 200mcg total dose • IM/IN – 1mcg/kg • Max single dose 100mcg • May repeat after 15 mins for persistent pain • Not to exceed 200mcg total dose • OR- Ketamine – Only when Fentanyl is contraindicated • IV/IO – 0.3mg/kg in 100mL Normal Saline IVPB over 5 mins • Max single dose 30mg • May repeat x1 in 10 mins • Contraindications: • GCS <14 • Suspected or confirmed pregnancy • Suspected acute coronary syndrome • Known or suspected alcohol or drug intoxication • Known allergy or anaphylaxis	Pain Scale ≥ 5/10 Fentanyl SBP is Age-Appropriate with unimpaired respirations, GCS normal for baseline & no known anaphylaxis - Refer to Appendix A • IV/IO – 1mcg/kg over 1 min • May repeat every 5 mins for persistent pain • Not to exceed 4 doses or 200mcg total dose • IM/IN – 1mcg/kg • Max single dose 100mcg • May repeat after 15 mins for persistent pain • Not to exceed 4 doses or 200mcg total dose -OR- Ketamine – Only when Fentanyl is contraindicated • IV/IO – 0.3mg/kg in 100mL Normal Saline IVPB over 5 mins • Max single dose 10mg • May repeat x1 in 10 mins • Contraindications: • GCS <14 • Suspected or confirmed pregnancy • Suspected acute coronary syndrome • Known or suspected alcohol or drug intoxication • Known allergy or anaphylaxis
Recheck & document vital signs before <u>and</u> after each administration	Recheck and document vital signs before <u>and</u> after each administration
Base Hospital Physician Orders Only	
Pain control must be confirmed by the BH Physician if: • Significant injury to: ○ Head ○ Chest ○ Abdomen	Pain control must be confirmed by the BH Physician if: • Hypotensive (Below age-appropriate blood pressure) • Significant injury to: • Head • Chest • Abdomen

Consult with ED Physician for further treatment measures

Consult with ED Physician for further treatment measures



Santa Barbara County EMS County Wide Protocols

Policy 533-03

Additional Information

Consider administering 1/2 dose of any analgesics if:

• Patient ≥ 65 y/o

Effective Date: April 1, 2024

- Patients with past adverse reaction to analgesics
- Patients with suspected cardiac ischemia (applies to Fentanyl only; Ketamine is contraindicated) or active TCP
- Patients with traumatic injuries who are at risk for hemodynamic decompensation

Consider administering 1/2 dose of any analgesics if:

- Patients with past adverse reaction to analgesics
- Patients with suspected cardiac ischemia (applies to Fentanyl only; Ketamine is contraindicated) or active TCP
- Patients with traumatic injuries who are at risk for hemodynamic decompensation

*Alternate Pain Scale Assessment Tool

Indicated for Adult & Pediatric patients when unable to provide you a numeric pain scale value.

