

Pain Control



History

- * Age
- * Location
- * Duration
- * Severity (1 - 10)
- * If child use Wong-Baker faces scale
- * Past medical history
- * Medications
- * Drug allergies

Signs and Symptoms

- * Severity (pain scale)
- * Quality (sharp, dull, etc.)
- * Radiation
- * Relation to movement, respiration
- * Increased with palpation of area

Differential

- * Per the specific protocol
- * Musculoskeletal
- * Visceral (abdominal)
- * Cardiac
- * Pleural / Respiratory
- * Neurogenic
- * Renal (colic)



Specific Complaint Protocol

Assess Pain Severity

Combination of Pain Scale, MOI, circumstances, Injury or Illness severity

Mild

Moderate to Severe

	Acetaminophen 975mg – 1000mg PO Pediatric: 15mg/kg PO (Max 650mg) Or Aspirin 324 mg PO (≥ 16 only)
	<u>If no improvement</u> Consider IV or IO Access Protocol UP 6 <i>if indicated</i>

	IV / IO Access Protocol UP 6
A	Ketorolac 15 mg IV / IO / IM Peds: 0.5 mg/kg IV / IO / IM Maximum 15 mg
	Cardiac Monitor
P	Fentanyl 50 mcg IV / IO / IM / IN Age ≥ 65: 25-50 mcg IV / IO / IM / IN Repeat 25 mcg every 5 minutes Maximum 200 mcg Peds: 1 mcg/kg IV / IO / IM / IN May repeat 0.5 mcg/kg every 5 minutes Maximum 2 mcg/kg Or Morphine 5 mg IV / IO / IM Age ≥ 65: 2.5-5 mg IV / IO / IM May repeat 2.5 every 5 minutes Peds: 0.1 mg/kg up to Max 5mg IV / IO / IM May repeat every 5 minutes Maximum of 10 mg
	Ketamine 0.3 mg/kg IV / IO Maximum 30mg Mix in 250mL D5W and Infuse with 10 drop set over 10 minutes May repeat in 30 minutes as needed Or Ketamine 1 mg/kg IN Maximum 1 dose

Monitor and Reassess
Every 10 minutes following sedative

**Notify Destination or
Contact Medical Control**

Universal Protocol Section

Pain Control



Morphine is still considered the medication of choice for Cardiac related chest pain by the American Heart Association .

**** Refer to Length Based Medication Tape for Medication Doses IF pediatric patients weight is unknown ****

The OPQRST mnemonic can assist with assessment of pain and discomfort:

O = Onset – The word “onset” should trigger questions regarding what the patient was doing just prior to and during the onset of the specific symptom(s) or chief complaint.

- What were you doing when the symptom(s) started?
- Was the onset sudden or gradual?

P = Provoke – The word “provoke” should trigger questions regarding what makes the symptoms better or worse.

- Does anything you do make the symptom(s) better or relieve them in any way?
- Does anything you do make the symptom(s) worse in any way?

Q = Quality – The word “quality” should trigger questions regarding the character of the symptom(s) and how they feel to the patient?

- Can you describe the symptom(s) (pain/discomfort) that you are having right now?
- What does it feel like?
- Is it sharp or dull?
- Is it steady or does it come and go?
- Has it changed since it began?

R = Region / Radiate – The words “region and radiate” should trigger questions regarding the exact location of the symptom(s).

- Can you point with one finger where it hurts the most?
- Does the pain radiate or move anywhere else?

S = Severity – The word “severity” should trigger questions relating to the severity of the symptom(s).

- On a scale of 1 to 10, how would you rate your level of discomfort *right now*?
- Using the same scale, how would you rate your discomfort when it *first began*?

T = Time – The word “time” should trigger questions relating to the when the symptom(s) began.

- When did the symptom(s) first begin?
- Have you ever experienced these symptom(s) before? If so, when?

Pearls

- * **EtCO2 monitoring is MANDATORY after all opiate and/or ketamine administration**
- * **Consider slower opiate redosing frequency for IM/IN administration due to slower rates of absorption**
- * **Recommended Exam: Mental Status, Area of Pain, Neuro**
- * **Pain severity (0-10) is a vital sign to be recorded before and after PO, IV, IO or IM medication delivery and at patient hand off. Monitor BP closely as sedative and pain control agents may cause hypotension.**

* Ketamine:

Ketamine may be used in patients who are outside a Pediatric Medication/Skill Resuscitation System product.
Ketamine may be used in patients who fit within a Pediatric Medication/ Skill Resuscitation System product only with DIRECT ONLINE MEDICAL ORDER, by the system MEDICAL DIRECTOR or ASSISTANT MEDICAL DIRECTOR.

* Ketamine: appropriate indications for pain control:

Patients who have developed opioid-tolerance. Sickle cell crisis patients with opioid-tolerance.

Patients who have obstructive sleep apnea.

May use in combination with opioids to limit total amount of opioid administration.

* Ketamine: caution when using for pain control:

Slow infusion or IV push over 10 minutes is associated with less side effects. Do not administer by rapid IV push.

Avoid in patients who have cardiac disease or uncontrolled hypertension.

Avoid in patients with increased intraocular pressure such as glaucoma.

Avoid use in combination with benzodiazepines due to decreased respiratory effort.

- * **Both arms of the treatment may be used in concert. For patients in Moderate pain for instance, you may use the combination of an oral medication and parenteral if no contraindications are present.**

* Pediatrics:

For children use Wong-Baker faces scale or the FLACC score (see Assessment Pain Procedure)

Use Numeric (> 9 yrs), Wong-Baker faces (4-16yrs) or FLACC scale (0-7 yrs) as needed to assess pain

- * **Vital signs should be obtained before, 10 minutes after, and at patient hand off with all pain medications.**

- * **All patients who receive IM or IV medications must be observed 15 minutes for drug reaction in the event no transport occurs.**

- * **Do not administer Acetaminophen to patients with a history of liver disease.**

- * **NSAIDs such as Ketorolac (Toradol) should not be used in patients with known renal disease or renal transplant. Consider other agents in patients who are: pregnant, have other NSAID allergy, have active bleeding, patients who meet trauma criteria.**

- * **Burn patients may require higher than usual opioid doses to titrate adequate pain control.**

- * **Consider agency-specific anti-emetic(s) for nausea and/or vomiting.**