PAIN & ANXIETY MANAGEMENT

ALL PROVIDERS

- ☐ Focused history and physical exam
- Assess the patient's pain using verbal and non-verbal cues and appropriate pain scale
- ☐ Continuous cardiac, ETCO2, blood pressure, and pulse oximetry monitoring, when available
- ☐ Implement appropriate treatment guideline for the chief complaint.

☐ Treatment Plan

- Consider non-pharmaceutical/family centered comfort measures as indicated, refer to the *Family Centered Care Guideline*.
- Immobilize any obvious injuries and place patient in a position of comfort
- Consider ice packs
- Implement pharmaceutical measures
 - Monitor patient vital signs every 5 minutes as this guideline is implemented
 - o Have naloxone available in case of respiratory depression
 - Avoid or stop giving medications if SBP <100mmHg in adults, SBP <70 + (age in years x 2) mmHg for pediatrics, SaO2 < 90% without oxygen, or GCS <14
 - Stop pain medication dosing when the patient has adequate relief, pain score <5, adult SBP
 <100mmHg, peds SBP <70 + (age in years x 2) mmHg, SaO2<90% without oxygen, or GCS <14
 - o If pain and anxiety are both present, attempt to treat pain fully with analgesics alone before using analgesics and sedatives concurrently

☐ Key Considerations

- Use Wong-Baker Faces scale for pain assessment in patients 3-8 years old
- A FLACC scale can be used to assess pain in infants

ADULT

PEDIATRIC (<15 years of Age)
NOTE: Pediatric weight based dosing should not exceed Adult dosing.

EMT

			1						
	Moderate Pain							Worst	
								Pain	
+	+	+	+		+	+	+	+	-
1	2	3	4	5	6	7	8	9	10
	1	1 2	1 1 1 1 1 1 2 3	 	Pain	Pain I I I	Pain	Pain	Pain

	Are you	in pain?	(¿Tiene	Dolor	?)
(60)	(5) (3)	(5) (5)	(5) (5)	(%)) (pa
0	1 - 2	3 - 4	5 - 6	7 - 8	9 - 10
very happy.	hurts just	hurts a	hurts even	hurts a	hurts as much
no pain	a little bit	little more	more	whole lot	as possible
(Muy feliz	(Duele un	(Duele un	(Duele	(Duele	(Duele tanto como
Sin dalor)	poquito)	poco más)	aún más)	mucho)	pueda imaginar)

Categories		FLACC Scoring for Infants	
	0	1	2
Face	No particular expression or smile	Occasional grimace or frown, withdrawn, disinterested	Frequent to constant frown, clenched jaw, quivering chin
Legs	Normal position or relaxed	Uneasy, restless, tense	Kicking, or legs drawn up
Activity	Lying quietly, normal position, moves easily	Squirming, shifting back and forth, tense	Arched, rigid, or jerking
Cry	No cry (awake or asleep)	Moans or whimpers, occasional complaint	Crying steadily, screams or sobs, frequent complaints

Content releved	Decoured by	oggazional touching	Difficult to console or		
			comfort		
		· ·			
		_	AEMT		
rder in which medication ted is not intended to ind chy, order, or preference istration es should be reduced by is concern for drug or alceation der treating with antiement management nize dosing of a single ag	es below licate e of half when cohol etic's prior	 Vascular access and fluid therapy The order in which medications below are listed is not intended to indicate hierarchy, order, or preference of administration Dosages should be reduced by half when there is concern for drug or alcohol intoxication Consider treating with antiemetic's prior to pain management Maximize dosing of a single agent before using additional agents 			
]	Pain Control			
ophen 650-1000mg PO, sin		☐ Acetaminophen 1:	5mg/kg PO, single dose only.		
600mg PO, single dose or	nly	-	kg PO ONLY FOR USE in		
			ge of 6 months, single dose only.		
		•	kg IV (max 15mg), single dose		
		only, ONLY FOR	USE in patients over the age of		
Anxiety Control ☐ Midazolam • IV/IO – 2.5- 5 mg, may repeat once in 10 minutes, if needed. Total max dose: 10mg • Intranasal (IN) – 5 mg, may repeat once in 10 minutes to a max dose of 10mg • Intramuscular (IM) – 10 mg once			g (max 50 mcg per dose) ncg/kg for IN (intranasal) (max May repeat x 1 if needed after 0.1 mg/kg (max of 4mg per rated to effect ses, contact OLMC		
- 5 mg every 10 min to th	ne desired	Anxiety Control			
nuscular (IM) – 10 mg or red, unless no other option n – 2 mg every 5 min. to the or max dose of 4 mg nuscular (IM) – 4 mg onc LMC for dosages above the or use of medication NOT	nce (IM not s) e desired ee hose fitting the	IV/IO - 0.1 m; once in 10 mir 10 mg Intranasal (IN repeat once in max dose: 10 mir 10 mg) once Intramuscula mg) once Iv/IO - 0.1 m; once in 10 mir 10 mg Intramuscula	g/kg (max 5 mg), may repeat nutes, if needed. Total max dose: N) - 0.2 mg/kg (max 5 mg), may 10 minutes, if needed. Total mg r (IM) - 0.2 mg/kg (max 10 g/kg (max 5 mg), may repeat nutes, if needed. Total max dose: r (IM) - 0.2 mg/kg (max 10 not preferred unless no other		
	ted is not intended to inder they, order, or preference distration less should be reduced by is concern for drug or allocation der treating with antiement mize dosing of a single agadditional agents ophen 650-1000mg PO, single dose only Sulfate 2-10 mg q10 minutes IV. Sulfate 2-10 mg q10 minutes IV. ol m - 2.5-5 mg, may repeat ones, if needed. Total max do asaal (IN) - 5 mg, may repeated to a max dose of 10 m and the sulfate IV. - 5 mg every 10 min to the or max dosage of 20 mg and the sulfate IV. - 2 mg every 5 min. to the or max dose of 4 mg and the sulfate IV. ol m - 2 mg every 5 min. to the or max dose of 4 mg and the sulfate IV. ol muscular (IM) - 4 mg ones.	AEMT ccess and fluid therapy reder in which medications below ted is not intended to indicate rechy, order, or preference of instration tes should be reduced by half when is concern for drug or alcohol cation der treating with antiemetic's prior in management mize dosing of a single agent before additional agents ophen 650-1000mg PO, single dose 600mg PO, single dose only 15mg IV, single dose only Sulfate 2-10 mg q10 minutes itrated to effect 25-50 mcg q10 minutes IV/IO/IM/IN ol in - 2.5- 5 mg, may repeat once in 10 se, if needed. Total max dose: 10mg that is needed. Total max dose: 10mg th	AEMT Coess and fluid therapy reder in which medications below ted is not intended to indicate chy, order, or preference of instration es should be reduced by half when is concern for drug or alcohol cation der treating with antiemetic's prior in management mize dosing of a single agent before additional agents Pain Control Acetaminophen 1 Max dose 650mg Buprofen 10mg/I patients over the ag Max dose 660mg Ketorolac 0.5mg/I only, ONLY FOR 2. Fentanyl 1 mcg/kg IV/IM/IO. Use 2 m 100mcg per dose). 10-15 min Any phene 650-100 mg nonce - 5 mg every 10 min to the desired or max dosage of 20 mg muscular (IM) – 10 mg once - 5 mg every 10 min to the desired or max dosage of 4 mg muscular (IM) – 4 mg once DLMC for dosages above those or use of medication NOT fitting the parameters. Vascular access an • The order in listed is not in order, or pref • Dosages shou there is conce intoxication • Consider trea pain managem • Max dose 650mg buprofen 10mg/I patients over the ag Max dose 660mg Ketorolac 0.5mg/I only, ONLY FOR 2. Fentanyl 1 mcg/kg IV/IM/IO. Use 2 m 100mcg per dose). 10-15 min Morphine Sulfate dose) IV/IM/IO Use 2 m 100mcg per dose). 10-15 min Morphine Sulfate dose) IV/IM/IO Use 2 m 100mcg per dose). 10-15 min Morphine Sulfate dose) IV/IM/IO - 0.1 m once in 10 min 10 mg Intramuscula mg) once Diazepam • IV/IO - 0.1 m once in 10 min 10 mg Intramuscula mg) once (IM)		

2020 Utah EMS Protocol Guidelines

□ Lorazepam

- IV/IO 0.05 mg/kg (max 2 mg), may repeat once in 10 minutes, if needed. Total max dose: 4 mg
- Intramuscular (IM) 0.05 mg/kg (max 4 mg) once
- Contact OLMC for dosages above those provided or use of medication NOT fitting the guideline parameters.

PARAMEDIC

☐ **Ketamine** 30mg diluted in 100mL of normal saline IV/IO infused over 15 minutes OR until analgesia is attained.

PARAMEDIC

- ☐ **Ketamine** 0.15-0.3 mg/kg (max 30mg) diluted in 100mL of normal saline IV/IO infused over 15 minutes ONLY FOR USE in patients over the age of 2 years.
- ☐ May halt infusion if pain relief obtained before full dose administered.