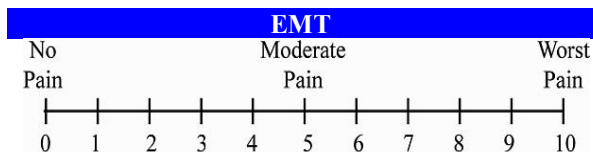


PAIN & ANXIETY MANAGEMENT

ALL PROVIDERS

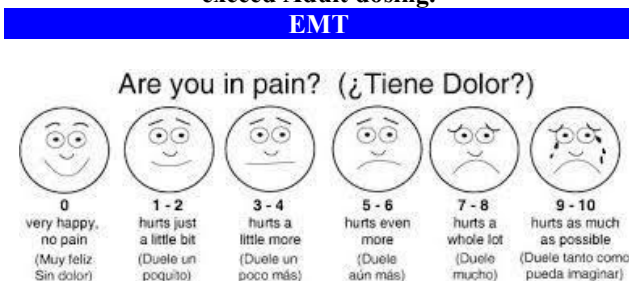
- ☐ Focused history and physical exam
- ☐ Assess the patient's pain using verbal and non-verbal cues and appropriate pain scale
- ☐ Continuous cardiac, ETCO₂, blood pressure, and pulse oximetry monitoring, when available
- ☐ Implement appropriate treatment guideline for the chief complaint.
- ☐ **Treatment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



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Face	No particular expression or smile	Occasional grimace or frown, withdrawn, disinterested	Frequent to constant frown, clenched jaw, quivering chin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

Consolability	Content, relaxed	Reassured by occasional touching, hugging or talking to, distractible	Difficult to console or comfort
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AEMT

- ☐ 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

- ☐ **Acetaminophen** 650-1000mg PO, single dose only
- ☐ **Ibuprofen** 600mg PO, single dose only
- ☐ **Ketorolac** 15mg IV, single dose only
- ☐ **Morphine Sulfate** 2-10 mg q10 minutes IV/IO/IM titrated to effect
- ☐ **Fentanyl** 25-50 mcg q10 minutes IV/IO/IM/IN

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
- ☐ **Diazepam**
 - **IV/IO** – 5 mg every 10 min to the desired effect or max dosage of 20 mg
 - **Intramuscular (IM)** – 10 mg once (IM not preferred, unless no other options)
- ☐ **Lorazepam**
 - **IV/IO** – 2 mg every 5 min. to the desired effect or max dose of 4 mg
 - **Intramuscular (IM)** – 4 mg once
- ⦿ **Contact OLMC for dosages above those provided or use of medication NOT fitting the guideline parameters.**

AEMT

- ☐ 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

- ☐ **Acetaminophen** 15mg/kg PO, single dose only. Max dose 650mg
- ☐ **Ibuprofen 10mg/kg PO ONLY FOR USE** in patients over the age of 6 months, single dose only. Max dose 600mg
- ☐ **Ketorolac** 0.5mg/kg IV (max 15mg), single dose only, **ONLY FOR USE** in patients over the age of 2.
- ☐ **Fentanyl** 1 mcg/kg (max 50 mcg per dose) IV/IM/IO. Use 2 mcg/kg for IN (intranasal) (max 100mcg per dose). May repeat x 1 if needed after 10-15 min
- ☐ **Morphine Sulfate** 0.1 mg/kg (max of 4mg per dose) IV/IM/IO titrated to effect
- ⦿ **For additional doses, contact OLMC**

Anxiety Control

- ☐ **Midazolam**
 - **IV/IO** - 0.1 mg/kg (max 5 mg), may repeat once in 10 minutes, if needed. Total max dose: 10 mg
 - **Intranasal (IN)** - 0.2 mg/kg (max 5 mg), may repeat once in 10 minutes, if needed. Total max dose: 10 mg
 - **Intramuscular (IM)** – 0.2 mg/kg (max 10 mg) once
- ☐ **Diazepam**
 - **IV/IO** - 0.1 mg/kg (max 5 mg), may repeat once in 10 minutes, if needed. Total max dose: 10 mg
 - **Intramuscular (IM)** – 0.2 mg/kg (max 10 mg) once (IM not preferred unless no other options)
- ☐ **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.