



4204

Pain Management

Treatment Protocol



Last Reviewed: October 4, 2022

Last Revised: July 1, 2023

BLS Patient Management

- **Establish, maintain, and ensure:**
 - A. A patent and easily managed airway. Use manual maneuvers (head-tilt / chin-lift or jaw thrust), oropharyngeal suction and/or airway adjuncts (OPA / NPAs) as clinically indicated
 - B. Adequate respirations and tidal volume. Use a mouth-to-mask device or bag valve mask (BVM), when clinically indicated. Rescue ventilations via a BVM require the use of a manometer. Waveform / digital capnography is required when paramedics are present
 - C. Controlled bleeding. Use direct pressure and/or pressure dressing(s) and/or tourniquet(s) and/or hemostatic dressing(s), as clinically indicated
- **Oxygen**
As clinically indicated. Titrate to maintain, or increase, SpO₂ to a minimum of 94%. A range of 88-92% is acceptable for patients with a history of COPD
- Position the patient as clinically indicated for safety, comfort (when airway management processes allow), and to meet physiologic requirements.

Attempt to calm and reduce anxiety. Utilize ice PRN. Immobilize and splint affected area(s) as clinically indicated.
- Assess the patient's pain scale using the age-appropriate pain scale
- Attach ECG leads to the patient when a paramedic is present
- **VITALS SIGNS MUST BE MONITORED THROUGHOUT BLS AND ALS INTERVENTIONS FOR PAIN MANAGEMENT**

ALS Patient Management

- Special consideration must be given to the type of pain, the patient's overall condition, allergies, medical history, and drug contraindications when deciding if pain management is appropriate and which pain medication should be administered. NOT ALL PATIENTS REQUIRE MEDICATION-BASED INTERVENTIONS FOR PAIN MANAGEMENT**
- Interpret and continuously monitor ECG, vital signs, SpO₂ and waveform / digital capnography
 - **Acute abdominal / flank pain, sickle cell crisis or cancer pain**
Adults: Fentanyl 50 mcg (1 mL) slow IV/IO push or IM/IN. Patient's systolic BP must be greater than or equal to 90 mmHg at the time of administration. **MAY REPEAT ONCE, IN 5-10 MINUTES, DEPENDENT ON PAIN SEVERITY, TO A MAX OF 100 MCG. ADDITIONAL ADMINISTRATIONS AFTER 100 MCG REQUIRE A BASE HOSPITAL ORDER (BHO).**

Pediatrics: Fentanyl 1 mcg / kg slow IV/IO push or IM/IN. **MAY REPEAT ONCE. ADDITIONAL ADMINISTRATIONS REQUIRE A BASE HOSPITAL ORDER (BHO).** For assistance with accurate dosing, refer to the REMSA PMDR or REMSA app.

Adults: Ketamine 0.3 mg / kg IVPB. Infuse in 50-100 mL Normal Saline, administer over 5 minutes. **MAY REPEAT ONCE. ADDITIONAL ADMINISTRATIONS REQUIRE A BASE HOSPITAL ORDER (BHO).**

****OR****

Ketamine 0.5 mg / kg IN. **MAY REPEAT ONCE. ADDITIONAL ADMINISTRATIONS REQUIRE A BASE HOSPITAL ORDER (BHO).**

THE MAX SINGLE DOSE FOR EITHER ROUTE IS 30 MG.

ADMINISTRATION OF KETAMINE TO PEDIATRIC PATIENTS IS NOT PERMITTED.