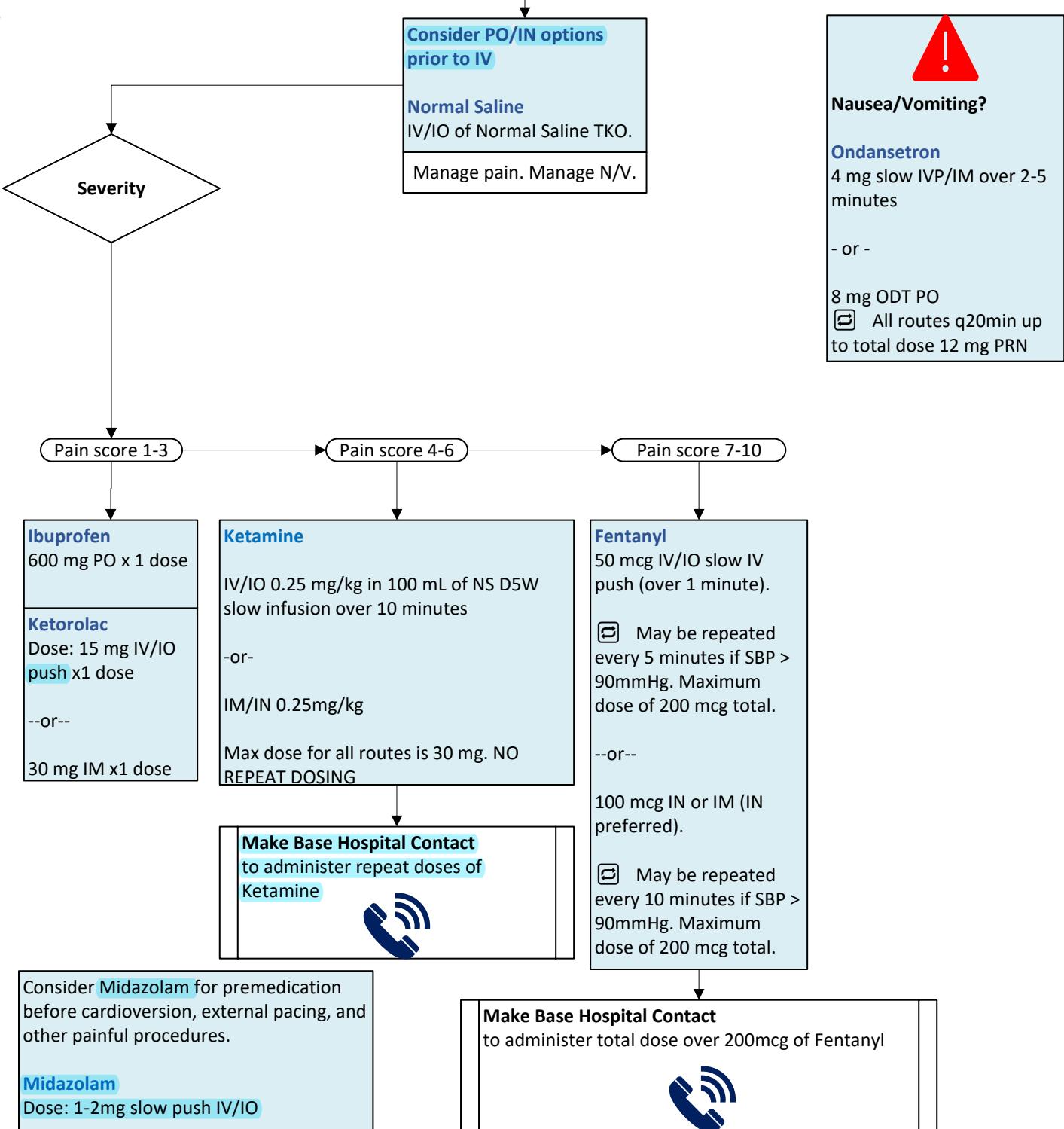


BLS – FAQ Link

DRAFT
VERSION

ALS



2.09 PAIN CONTROL – EMSAC January 2024

BLS Treatment
<ul style="list-style-type: none">Position of comfort.NPOOxygen as indicated.
ALS Treatment
<ul style="list-style-type: none">IV/IO with Normal Saline TKO.Mild to Moderate Pain: either PO Ibuprofen or IV/IM/IO Ketorolac.Moderate to Severe Pain: Ketamine either IV/IO 0.25 mg/kg in 100 ml of NS/D5W slow infusion over 10 minutes OR IM/IN 0.25 mg/kg. Max dose for all routes is 30 mg, no repeat dosing.Severe Pain: either IN/IV/IO Fentanyl or IV/IM/IO Morphine, and can be used in conjunction with Ibuprofen and/or Ketorolac.Ondansetron as needed.Document pain score and vital signs before and after medication administration on PCR.
Base Hospital Contact Criteria
<ul style="list-style-type: none">Patients may NOT be released AMA after receiving Fentanyl or Morphine without Base Hospital Physician consult.
Notes
<ul style="list-style-type: none">When possible, utilizing a pain scale in determining pain level is preferred. As a general guideline:<ul style="list-style-type: none">Mild to Moderate Pain: Score 1-3Moderate to Severe Pain: Score 3-6Severe Pain: Score 7-10Use of non-narcotic pain medication sis preferred at all levels of Pain.Ketorolac may be given sequentially with either Ketamine or Fentanyl as a secondary medication.Ketamine should not be combined with FentanylFor mild to moderate pain that is refractory to Ibuprofen and/or Ketorolac consider Fentanyl and/or Morphine, titrating to effect (in accordance with medication guidelines).Fentanyl, Morphine and/or Midazolam may act synergistically to cause respiratory depression and should not be combined unless seizures or other indications for midazolam use is present. Contact Base Hospital MD for consultation if needed for this combined use.If utilizing 2 or more doses of Fentanyl, Morphine, and/or Midazolam, patient shall be placed on continuous end tidal CO₂ monitoring. A trend of increasing EtCO₂ readings (2 or more readings, 10% or more, above baseline) indicates the need for immediate re-assessment of patient's respiratory status to include rate and depth of respirations. Ventilatory support should be provided as necessary to return ETCO₂ to baseline.All injectable pain medications shall be cross-checked with a Paramedic (secondarily an EMT) for correct medication and dose at time of administration unless transporting in the back of an ambulance without a second attendant.Consider Midazolam for premedication before cardioversion, external pacing, and other painful procedures. Dose 1-2 mg slow push IV/IO.

SAN FRANCISCO EMS AGENCY
Effective: 10/01/21
Supersedes 10/29/18

Page 1 of 1

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