

TREATMENT:

- A. Treat per Universal Patient Care.
- B. For acute pain and uncontrolled chronic pain:
 1. Determine location of pain and severity using numeric scale (1-10) or Faces scale.
 2. Consider and treat underlying cause of pain.
 3. Use non-pharmacological pain management (i.e., position of comfort, hot/cold pack, elevation, splinting, padding, wound care, therapeutic calming and communication).
 4. Administer pain medication:
 - i. **Fentanyl 50 micrograms IV/IO/IM/IN.** Repeat with 25-50 micrograms every 3-5 minutes as needed.
 - ii. **Morphine 2-5 mg IV/IO/IM/IN** every 3-5 minutes to a maximum of 20 mg.
 - iii. Consider **Lorazepam 0.5 IV/IM/IO/IN or Midazolam 0.5-1 mg IV/IM/IO/IN** for spasmodic pain. Use with extreme caution with opioids due to synergistic effect and risk of respiratory depression/arrest.
 - iv. Consider **Ketamine 0.3 mg/kg IV/IM/IO** for pain refractory to 200 mcg of Fentanyl or 20 mg of Morphine or if hypotension present. Mix in 50-100cc NS or LR. Give slowly over 10 minutes.
 - v. Contact Medical Control if pain is not controlled within maximum dosing.

Do not administer pain medications if any of the following are present:

- Respiratory distress or O2 saturation of < 90%
- Known allergy to that pain medication
- Altered mental status
- Systolic blood pressure of < 90 mm/Hg (except Ketamine)

- C. Obtain a full set of vital signs and pain scale rating prior to and after each administration of pain medication.

PEDIATRIC PATIENTS:

- A. **Fentanyl 1 microgram/kg IV/IO/IM/IN.** May repeat with 0.5 -1 mcg/kg every 3-5 minutes as needed to a maximum of 4 mcg/kg. Do not exceed adult dosing.
- B. For children < 20 kg, **Morphine 0.1 mg/kg IV/IO/IM/IN.** May repeat every 3-5 min. Do not exceed adult dosing.
- C. Contact Medical Control if maximum dose of either medication is reached without adequate pain management.

