2.09 PAIN CONTROL

BLS – FAQ Link

Position of comfort, NPO unless otherwise noted, Oxygen as indicated

ALS

Normal Saline
IV/IO of Normal Saline TKO.

Manage pain. Manage N/V.

Severity

Nausea/Vomiting?

Pain score 1-3

Ibuprofen
600 mg PO x 1 dose

Ketorolac
Dose: 15 mg IV/IO bolus x1 dose

--or--

30 mg IM x1 dose

Pain score 4-10

Ketamine

IV/IO 0.25 mg/kg in 100 mL of NS D5W slow infusion over 10 minutes

-or-

IN 0.5mg/kg

Max dose for all routes is 30 mg. NO REPEAT DOSING

OR

Fentanyl
50 mcg IV/IO slow IV push (over 1 minute).

May be repeated every 5 minutes if SBP > 90mmHg. Maximum dose of 200 mcg total.

--or--

100 mcg IN or IM (IN preferred).

May be repeated every 10 minutes if SBP > 90mmHg. Maximum dose of 200 mcg total.

Consider Midazolam for premedication before cardioversion, external pacing, and other painful procedures.

Midazolam
Dose: 5mg IM x1 or 5 mg slow push IV/IO. Maximum dose 5 mg IV/IO

Ondansetron
4 mg slow IVP/IM over 2-5 minutes

- or -

4 mg ODT PO

All routes q20min up to total dose 12 mg PRN

Make Base Hospital Contact
Patients may NOT be released AMA after receiving Fentanyl or Ketamine without Base Hospital Physician consult

Effective: 10/01/24
Supersedes: 10/01/21

2.09 PAIN CONTROL

BLS Treatment
• Position of comfort. • NPO • **Oxygen** as indicated**.**
ALS Treatment
• 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 IN 0.5 mg/kg. Max dose for all routes is 30 mg, no repeat dosing. • Moderate to Severe Pain: either IN/IV/IO **Fentanyl** 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
• **Patients may NOT be released AMA after receiving Fentanyl or Ketamine without Base Hospital Physician consult.**
Notes

• When possible, utilizing a pain scale in determining pain level is preferred. As a general guideline:
  ○ Mild to Moderate Pain: Score 1-3
  ○ Moderate to Severe Pain: Score 4-6
  ○ Severe Pain: Score 7-10
• Use of non-narcotic pain medication is 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 Fentanyl.
• For mild to moderate pain that is refractory to **Ibuprofen** and/or **Ketorolac** consider **Fentanyl** titrating to effect (in accordance with medication guidelines).
• **Fentanyl** 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**, **Ketamine, 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. 5mg IM x 1 or 5 mg slow push IV/IO. Maximum dose 5 mg IV/IO