

PAIN MANAGEMENT

BASIC EMT / ADVANCED EMT

1. Assess patient's pain on a subjective pain scale (1-10).
 - The patient should perceive a decrease in their pain with the following measures.
2. Appropriate splinting, ice, position of comfort.

PARAMEDIC

INDICATIONS

- Extremity injury (including hip and shoulder injury)
- Back or flank pain.
- Abdominal pain: give initial dose only.
- Burns
- Chest Pain

CONTACT MEDICAL CONTROL for other indications

CONTRAINDICATIONS

CONTACT MEDICAL CONTROL prior to administration of pain medication if any of the following are observed:

- Altered Level of Consciousness, any etiology
- Hypotension, auscultated B/P less than 100 mmHG
- Respiratory compromise, hypoxemia
- Pregnancy

Fentanyl (Sublimaze) *First choice for hemodynamic instability, extremes of age***

Adult Patients

- 1 mcg/kg IV/IO/IM/IN slowly every 5 minutes (not to exceed 100 mcg per unit dose) a maximum total dose of 200 mcg

Hydromorphone (Dilaudid) *Appropriate when longer duration of effect desired***

Adult Patients

- 0.5 – 1.0 mg IV/IO/IM every 10 min to max of 2mg

Geriatric Patients (greater than 65 years)

- 0.5mg IV/IM every 10 min to max of 1 mg

Both **Dilaudid** and **Fentanyl** can be administered slow IV or IM, however, **the patient will receive only one of the two drugs by standing order.**

PAIN MANAGEMENT cont.

Morphine Sulfate (to replace above opiates in cases of drug shortages)

Adult Patients

- *Up to 4 mg IV/IM every 5 minutes up to a total of 12 mg*
- Geriatric Patients (greater than 65 years of age)*
- *2 mg IV push slowly every 5 minutes up to a total of 12 mg*