

PAIN MANAGEMENT	
ADULT	PEDIATRIC (<34 kg)
<b>BLS</b>	
<ul style="list-style-type: none"> <li>• Universal Protocol #601</li> <li>• <b>Pulse Oximetry</b> <ul style="list-style-type: none"> <li>○ O<sub>2</sub> administration per Airway Management Protocol #602</li> </ul> </li> <li>• <b>Medical</b> (non-cardiac)                             <ul style="list-style-type: none"> <li>○ Position of comfort</li> <li>○ Nothing by mouth</li> </ul> </li> <li>• <b>Cardiac chest pain</b> – Chest Pain/Acute Coronary Syndrome Protocol #640</li> <li>• <b>Trauma</b> – General Trauma Protocol #660                             <ul style="list-style-type: none"> <li>○ Splint, ice, elevate as indicated</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Universal Protocol #601</li> <li>• <b>All causes of pain</b> - consider age/situation appropriate distraction techniques                             <ul style="list-style-type: none"> <li>○ Video Viewing</li> <li>○ Calm environment</li> <li>○ Caregiver support</li> </ul> </li> <li>• <b>Medical</b> <ul style="list-style-type: none"> <li>○ Position of comfort</li> <li>○ Nothing by mouth</li> </ul> </li> <li>• Otherwise, same as adult</li> </ul>
<b>ALS Standing Orders</b>	
<p style="text-align: center;"><b>MODERATE or SEVERE PAIN</b></p> <p><b>Acute Pain</b> – SBP ≥ 90 mmHg, unimpaired respirations, GCS normal for baseline</p> <ul style="list-style-type: none"> <li>• Fentanyl 50-100 mcg SLOW IV (over 1 min.), may repeat after 5 min. if needed (not to exceed 200 mcg total)</li> </ul> <p style="text-align: center;"><b>IF DIFFICULTY OBTAINING IV</b></p> <ul style="list-style-type: none"> <li>• Fentanyl 50-100 mcg IM/IN (use 1 mcg/kg as guideline), may repeat after 15 min. if needed (not to exceed 200 mcg total)</li> </ul>	<p style="text-align: center;"><b>MODERATE or SEVERE PAIN</b></p> <p style="text-align: center;">(use age appropriate indicators)</p> <p><b>Acute Pain</b> – BP &gt; age-based min., unimpaired respirations, GCS normal for age</p> <ul style="list-style-type: none"> <li>• Fentanyl 1.5 mcg/kg IN (split between nares)</li> <li>• Fentanyl 1 mcg/kg 1M</li> <li>• (IN and 1M routes) may repeat after 15 min. if needed (not to exceed 4 doses)</li> </ul> <p style="text-align: center;"><b>IF IV ALREADY ESTABLISHED</b></p> <ul style="list-style-type: none"> <li>• Fentanyl 1 mcg/kg SLOW IV (over 1 min), may repeat after 5 min. if needed (not to exceed 4 doses)</li> </ul>
<b>Base Hospital Orders Only</b>	
<ul style="list-style-type: none"> <li>• <b>Fentanyl administration with</b> <ul style="list-style-type: none"> <li>○ ALOC</li> <li>○ SBP ≤ 90 mmHg</li> <li>○ Chronic pain</li> </ul> </li> <li>• Additional doses of Fentanyl</li> <li>• As needed</li> </ul>	<ul style="list-style-type: none"> <li>• Same as adult</li> <li>• As needed</li> </ul>
<b>Notes</b>	
<ul style="list-style-type: none"> <li>• Consider doses of Fentanyl 25 mcg for initial dose in elderly (&gt;65 y/o) and for maintenance doses</li> <li>• Request orders, as appropriate, for obviously painful conditions not covered by standing orders</li> <li>• Use clinical judgement if patient has difficulty using pain scale, or their reported pain is inconsistent with clinical impression                             <ul style="list-style-type: none"> <li>○ Consider using FACES scale in adults with barriers to communication (below)</li> </ul> </li> <li>• Non-pharmacologic interventions should be provided concurrently or prior to medication administration</li> <li>• Do not withhold appropriate pain medication due to short transport times</li> <li>• Strongly consider initiating pain management on scene if movement is expected to be painful for patient (unless unstable condition requires rapid transport)</li> </ul>	

