

**CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES**

A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 530.42
Subject	Paramedic Treatment Protocols PAIN MANAGEMENT	Page 1 of 2
References	Title 22, Division 9, Chapter 4 of the California Code of Regulations	Effective DRAFT

STANDING ORDERS	
1. Assessment	Determine the patient's pain score using standardized pain scale (sample pain scales in Special Considerations). Document pain scale and vital signs before each medication administration.
2. Monitor	Place on cardiac and SpO ₂ monitors.
3. Non-pharmacologic pain control measures	Place in position of comfort, apply ice packs or heat, splint if indicated for pain due to trauma, gentle transport and reassurance.
4. Acetaminophen	For pain that is mild to moderate (1-5, i.e., pain interferes with activities, but is not disabling): Adult: 1,000 mg IV over 10 minutes (do not repeat). Pediatric: 15 mg/kg IV over 10 minutes (max dose 1,000 mg)
5. Fentanyl	For pain that is moderate to severe (6-10, i.e., pain is intolerable or disabling): 1 mcg/kg IV/IM/IO/IN (max single dose 100 mcg). Contact base for repeat dose. In radio failure, may repeat x 1 if moderate to severe pain recurs or persists after 10 minutes (max cumulative dose 200 mcg). *Do not co-administer fentanyl and ketamine without base hospital order.
6. Ketamine	For pain that is moderate to severe (6-10, i.e., pain is intolerable or disabling): 0.25 mg/kg in 100 mL normal saline slow IV infusion over 10 minutes or 0.25 mg/kg IM/IN (max dose 25 mg). Do not repeat.
7. Ondansetron	Per protocol 530.41 for nausea and emesis.
8. Reassess	Reassess and document pain scale and vital signs after each medication administration.

SPECIAL CONSIDERATIONS AND PRIORITIES

- Every patient deserves to have their pain treated. Non-pharmacologic interventions such as positioning, ice/heat, and splinting should be considered before administering analgesic medications. Pain assessment should be performed using pain scale including numeric rating, activity tolerance, and facial expression.

Approved By	Daniel J. Lynch (Signature on File at EMS Agency)	Revision
EMS Division Manager		
EMS Medical Director	Miranda Lewis, M.D. (Signature on File at EMS Agency)	


Subject

Paramedic Treatment Protocols – Pain Management

Policy

Number 530.42

2. Fentanyl and ketamine may not be administered together without a Base Hospital Order. Acetaminophen may be used in addition to fentanyl or ketamine for patients who have moderate to severe pain.
3. Fentanyl is contraindicated in the following conditions:
 - a. Systolic BP <90 mmHg
 - b. If the patient exhibits respiratory depression
 - c. Suspected traumatic brain injury or GCS <15
 - d. Pregnant patients in active labor
4. Ketamine is contraindicated in the following conditions:
 - a. Pregnancy
 - b. Suspected cardiac pain, suspected aortic dissection, or suspected hypertensive crisis
 - c. Suspected traumatic brain injury or GCS <15
 - d. Patients under the influence of methamphetamine, PCP, or other stimulant drugs
 - e. Patients with active psychosis
5. Acetaminophen is contraindicated in the following conditions:
 - a. Active liver disease
6. Pain medications administered must be communicated in verbal handoff at the receiving hospital.
7. Consider PO, IN, or IM administration when appropriate for patients who do not otherwise require IV access.
8. Consider lower doses (50% of normal adult dose) of fentanyl and ketamine in geriatric patients 70 years and older.

	0	
Minor Able to adapt to pain	1 Very Mild	
	2 Discomforting	
	3 Tolerable	
Moderate Interferes with many activities.	4 Distressing	
	5 Very Distressing	
	6 Intense	
Severe Patient is disabled and unable to function independently.	7 Very Intense	
	8 Utterly Horrible	
	9 Excruciating Unbearable	
	10 Unimaginable Unspeakable	

0 NO HURT **2** HURTS LITTLE BIT **4** HURTS LITTLE MORE **6** HURTS EVEN MORE **8** HURTS WHOLE LOT **10** HURTS WORST

From Wong D.L., Hockenberry-Eaton M., Wilson D., Winkelstein M.L., Schwartz P.: *Wong's Essentials of Pediatric Nursing*, ed. 6, St. Louis, 2001, p. 1301. Copyrighted by Mosby, Inc. Reprinted by permission.

Instructions:

Explain to the person that each face is for a person who feels happy because he has no pain (hurt) or sad because he has some or a lot of pain. Ask the person to choose the face that best describes how he/she is feeling

- Face 0 is very happy because he doesn't hurt at all
- Face 2 hurts just a little bit
- Face 4 hurts a little more
- Face 6 hurts even more
- Face 8 hurts a whole lot
- Face 10 hurts as much as you can imagine, although you don't have to be crying to feel this bad