

**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 ADULT PAIN MANAGEMENT	Page 1 of 2
References	Title 22, Division 9, Chapter 3.3 of the California Code of Regulations	Effective 10/01/2024

STANDING ORDERS	
Assess Pain	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.
Monitor	Place on cardiac and SpO2 monitors
Oxygen	Supplemental oxygen as needed to maintain O2 sats > 94%. Assess and treat, as appropriate, for underlying cause.
Nonpharmacologic 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.
Mild to moderate pain	1-5, i.e., pain interferes with activities, but is not disabling: <ul style="list-style-type: none"> - Acetaminophen 1,000 mg IV over 10 minutes (do not repeat). Acetaminophen may be administered in addition to fentanyl or ketamine for patients with moderate to severe pain.
Moderate to severe pain	6-10, i.e., pain is intolerable or disabling: <p>Fentanyl 1 mcg/kg IV/IM/IO/IN (max dose 100 mcg). In radio failure, may repeat x 1 if moderate to severe pain recurs or persists after 10 minutes (max cumulative dose 200 mcg).</p> <p style="text-align: center;">OR</p> <p>Ketamine 0.25 mg/kg in 100 mL normal saline slow IV infusion over 10 minutes or 0.25 mg/kg IM/IN (max dose by any route is 25 mg). Do not repeat.</p> <p>*DO NOT COADMINISTER KETAMINE AND FENTANYL WITHOUT A BASE HOSPITAL ORDER</p>
Nausea and emesis	Ondansetron 4 mg IV/IM/ODT. May repeat once after 10-15 minutes with no relief of symptoms. Max total dose 8 mg.
Reassess	Reassess and document pain scale and vital signs after each medication administration. Contact base if additional medications are needed.

Approved By	Daniel J. Lynch (Signature on File at EMS Agency)	Revision
EMS Division Manager		01/21/2025
EMS Medical Director	Miranda Lewis, M.D. (Signature on File at EMS Agency)	

SPECIAL CONSIDERATIONS AND PRIORITIES

- 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.
- Acetaminophen should not be given for fever or solely for discomfort associated with fever. Fever is a potential warning sign for sepsis and it is important that this is not masked by prehospital administration of acetaminophen.
- Fentanyl is contraindicated in the following conditions:
 - Systolic BP <90 mmHg
 - If the patient exhibits respiratory depression
 - Pregnant patients in active labor
- Ketamine is contraindicated in the following conditions:
 - Pregnancy
 - Suspected cardiac pain, suspected aortic dissection, or suspected hypertensive crisis
 - Suspected traumatic brain injury or GCS <15
 - Patients under the influence of methamphetamine, PCP, or other stimulant drugs
 - Patients with active psychosis
- Pain medications administered must be communicated in verbal handoff at the receiving hospital.
- Consider IN or IM administration when appropriate for patients who do not otherwise require IV access. Patients with mild pain may be managed with nonpharmacologic measures if the risk/pain associated with IV placement outweighs benefit of analgesic.
- Consider lower doses (50% of normal adult dose) of fentanyl and ketamine in geriatric patients 70 years and older.

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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



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