CENTRAL CALIFORNIA

EMERGENCY MEDICAL SERVICES

A Division of the Fresno County Department of Public Health

Manual		Policy
	Emergency Medical Services	Number 530.42
	Administrative Policies and Procedures	
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	Paramedic Treatment Protocols	
	PAIN MANAGEMENT	
References		Effective
	Title 22, Division 9, Chapter 4	10/01/2024
	of the California Code of Regulations	

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)			
	Acetaminophen may be administered in addition to fentanyl or ketamine for patients with moderate to severe pain.			
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 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).			
	*DO NOT COADMINISTER KETAMINE AND FENTANYL WITHOUT A 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 by any route is 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.			

Approved By		Revision
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SPECIAL CONSIDERATIONS AND PRIORITIES

- 1. 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.
- 2. Fentanyl is contraindicated in the following conditions:
 - a. Systolic BP <90 mmHg
 - b. If the patient exhibits respiratory depression
 - c. Pregnant patients in active labor
- 3. 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
- 4. Pain medications administered must be communicated in verbal handoff at the receiving hospital.
- 5. 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.
- 6. Consider lower doses (50% of normal adult dose) of fentanyl and ketamine in geriatric patients 70 years and older.

