

Pain Control: Adult



History

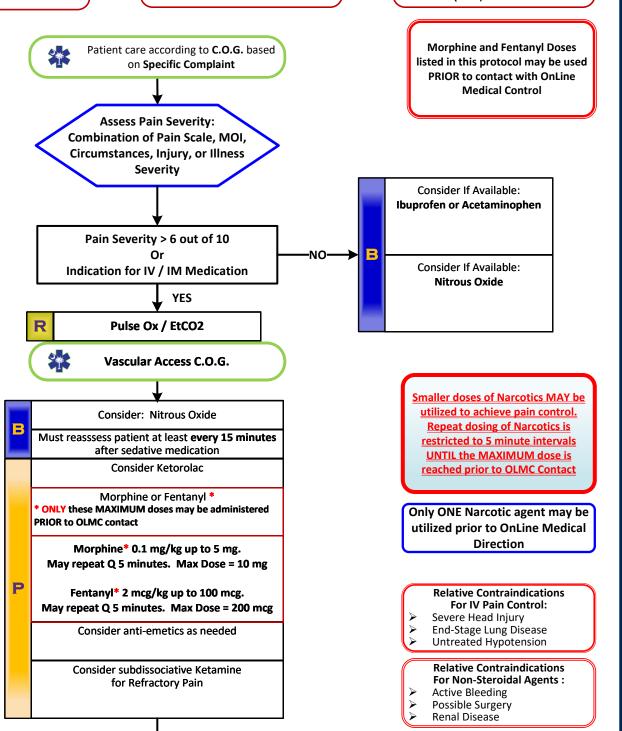
- Age
- Location
- Duration
- Severity (1 10)
- Past medical history
- Medications
- Drug allergies

Signs and Symptoms

- Severity (pain scale)
- Quality (sharp, dull, etc.)
- Radiation
- · Relation to movement,
- Respiration
- Increased with palpation of area

Differentia

- Per the specific protocol
- Musculoskeletal
- Visceral (abdominal)
- Cardiac
- Pleural / Respiratory
- Neurogenic
- Renal (colic)



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Notify Destination or Contact Medical Control



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PEARLS

- Recommended Exam: Mental Status, Area of Pain, Neuro
- Pain severity (0-10) is a vital sign to be recorded pre and post IV or IM medication delivery and at disposition.
- Vital signs should be obtained pre, 15 minutes post, and at disposition with all pain medications.
- Smaller doses of Narcotics may be utilized based upon Service Medical Control Physician instruction i.e. LESS than 0.1 mg/kg Morphine or LESS than 2 mcg/kg Fentanyl. The narcotic dosing may be repeated ONLY at 5 minutes or greater intervals and ONLY until the MAXIMUM DOSE LISTED is reached until Online Medical Control is established.
- Relative Contraindications to the use of a narcotic include hypotension, head injury, respiratory distress or severe Lung Disease.
 - > Be prepared and observe for respiratory depression with ANY administration of narcotic Analgesic, sedative, or antiemetic agents particularly if given in combination.
 - Extra caution should be taken with patients under the influence of alcohol, drugs, or other sedative medications.
- Consider alternatives in patients who have known drug allergies to NSAID's (non-steroidal anti-inflammatory medications), with active bleeding, or in patients who may need surgical intervention such as open fractures or fracture deformities.
- All patients who receive IM or IV medications must be observed 15 minutes for drug reaction.
- Ibuprofen should not be given for headaches or abdominal pain, history of gastritis, stomach ulcers, fracture, or if patient will
 require sedation.
- Do not administer any PO medications for patients who may need surgical intervention such as open fractures or fracture deformities, headaches, or abdominal pain.
- See drug list for other contraindications for Narcotics, Acetaminophen, Nitrous Oxide, and Ibuprofen.
 - > Only ONE NARCOTIC Agent may be used PRIOR TO OnLine Medical Control Direction. (i.e. May not "max out" one agent and then utilize a second agent prior to OnLine Medical Direction.)
- Ketamine: appropriate indications for pain control:
 - > Patients who have developed opioid-tolerance. Sickle cell crisis patients with opioid-tolerance.
 - Patients who have obstructive sleep apnea.
 - May use in combination with opioids to limit total amount of opioid administration.
- Ketamine: caution when using for pain control:
 - Slow infusion or IV push over 10 minutes is associated with less side effects. Do not administer by rapid IV push.
 - > Avoid in patients who have cardiac disease or uncontrolled hypertension.
 - > Avoid in patients with increased intraocular pressure such as glaucoma.
 - > Avoid use in combination with benzodiazepines due to decreased respiratory effort.
- Both arms of the treatment may be used in concert. For patients in Moderate pain for instance, you may use the combination of an oral medication and parenteral if no contraindications are present.
- Key Documentation Elements:
 - Vital Signs (Pulse, Blood Pressure, Respiratory Rate, Neurologic Status) with Pulse Oximetry
 - ☐ Acquisition of Known Patient Allergies PRIOR to administration of any medications.
 - ☐ Documentation of Initial Patient Pain Scale Assessment
 - Documentation of medication administration with Correct Dose
 - Documentation of Patient Reassessment with repeat Vital Signs and Patient Pain Scale assessment.
 - ☐ Medical Control Signature on ePCR within 72 Hours.

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