

TREATMENT PROTOCOL

S-141

PAIN MANAGEMENT

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BLS ALS

- Assess level of pain
- Ice, immobilize, and splint PRN
- Elevation of extremity PRN

- Continue to monitor and reassess pain using standardized pain scores
- Document vital signs before and after each medication administration

Pain medication considerations

- 1. When changing route of administration, consider the potential time difference in onset of action
- 2. If SBP <100 mmHg, ketamine may be preferred over opioids, which can cause hypotension
- 3. BHPO required for treatment if patient presents with
 - Isolated head injury
 - Acute onset severe headache
 - Drug/ETOH intoxication
 - Suspected active labor

For mild pain (score 1-3)¹, moderate pain (score 4-6), or severe pain (score 7-10)

• Acetaminophen 1,000 mg IV over 15 min

For moderate pain (score 4-6) or severe pain (score 7-10)

Fentanyl (IV dosing)

- Up to 100 mcg IV
- MR up to 50 mcg IV q5 min x2
- Maximum total dose 200 mcg IV

Fentanyl (IN dosing)

- Up to 50 mcg IN g15 min x2
- 3rd dose fentanyl up to 50 mcg IN BHO

If fentanyl unavailable

Morphine (IV dosing)

- Up to 0.1 mg/kg IV
- MR in 5 min at half initial IV dose
- MR in additional 5 min at half initial IV dose BHO

Morphine (IM dosing)

- Up to 0.1 mg/kg IM
- MR in 15 min at half initial IM dose
- MR in additional 15 min at half initial IM dose BHO

¹ If patient refuses or has contraindications to acetaminophen, may treat as moderate pain

Diego County Emergency Medical Services Office Policy / Procedure / Protocol

For moderate to severe pain (score ≥5)
Requirements for use of ketamine on SO (must meet all)
• ≥15 years old
• GCS of 15
Not pregnant
 No known or suspected alcohol or drug intoxication
Ketamine (IV dosing)
• 0.3 mg/kg in 100 mL of NS slow IV drip over at least 10
min. Maximum for any IV dose is 30 mg.
 MR x1 in 15 min if pain remains moderate or severe
Ketamine (IN dosing)
• 0.5 mg/kg IN (50 mg/mL concentration). Maximum for
any IN dose is 50 mg.
MR x1 in 15 min if pain remains moderate or severe

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