



Pain Management

ALS PROCEDURE AP-13

INDICATION	<ul style="list-style-type: none"> Pain in the presence of adequate vital signs and level of consciousness. Extrication, movement, or transportation is required which will cause considerable pain to the patient AND there are no known contraindications to administering analgesia.
PROCEDURE	<p>If BLS measures (see below) are unsuccessful at relieving pain, consider pharmacological therapy.</p> <ul style="list-style-type: none"> <u>Acetaminophen:</u> <i>Adults</i> Consider for use in moderate pain management. Can be used as an adjunct to Fentanyl in severe pain management. For adults > 50 kg, IV: 1000 mg drip infused over 20 minutes <u>Fentanyl:</u> <i>Adult:</i> Indicated for use in moderate to severe pain management. <ul style="list-style-type: none"> IV/IO: 1 mcg/kg, MAX single dose of 100 mcg; may repeat q 5-10 minutes, titrated to pain, to MAX total dose of 200 mcg. IN: 1 mcg/kg divided into each nare with a MAX single dose of 100 mcg; may repeat once in 15 minutes, to a MAX total dose of 200 mcg. IM: 1 mcg/kg to a MAX single dose of 50 mcg; may repeat 3 times in 15 minute increments; to a MAX total dose of 200 mcg. <p>***Use extreme care and give half-dose increments to patients > 65 years of age***</p> <ul style="list-style-type: none"> <i>Pediatric:</i> IV/IO/IN; May repeat every 5 minutes as needed for a MAX of 3 doses. Administer according to PediaTape weight calculation and <u>Pediatric Medication Reference Cards</u>. <u>Ondansetron:</u> <i>Adult:</i> 4 mg IV/IM/PO. May repeat every 10 minutes, MAX total dose of 12 mg. <ul style="list-style-type: none"> <i>Pediatric</i> IV/IO/IM; Base order required for repeat dosing. Administer according to PediaTape weight calculation and <u>Pediatric Medication Reference Cards</u>. BASE HOSPITAL ORDERS <ul style="list-style-type: none"> The use of <u>Midazolam</u> in conjunction with fentanyl requires base hospital consultation. Refer to <u>Sedation AP-14</u> for dosing. Patients exhibiting the following required Base Hospital consult: <ul style="list-style-type: none"> Respiratory depression Altered mental status Women in labor BP < 90mmHg systolic Patients with pain not covered above
KEY CONCEPTS	<ul style="list-style-type: none"> To monitor the physiologic response to pain management continuous pulse oximetry is mandatory. Have naloxone readily available to reverse any respiratory depression that may occur. Use psychological and BLS measures, such as cold packs, repositioning, splinting, elevation, and/or traction splints as appropriate, to reduce the need for pain medication. Rapid administration of large quantities of fentanyl has been associated with chest wall rigidity syndrome.

FACES PAIN SCALE



0



1-2

MILD



3-4

MODERATE



5-6



7-8

SEVERE



9-10