

**West Michigan Regional MCC
Procedures
PAIN MANAGEMENT**

Initial Date: 11/15/2012
Revised Date: 08/17/2020

Section 7-13

Adopting MCAs will have an “X” under their MCA name. If no “X” is present, the MCA has not approved or adopted the protocol.

Allegan	Barry	Clare	Ionia	Isabella	Kent	Mason
	X		X		X	X
Montcalm	Muskegon	N. Central	Newaygo	Oceana	Ottawa	
X	X	X	X	X	X	

Pain Management

Aliases: Analgesia, pain control, acute pain

For patients with suspected cardiac chest pain, refer to the **Chest Pain/Acute Coronary Syndrome Protocol**.

The goal is to reduce the level of pain for patients in the pre-hospital setting, not to eliminate all of the patient’s pain.

All pain should be assessed and scored according to the “Wong Pain Scale”. Reassessment should be timed according to medication onset of action, changes in patient condition, patient positioning and other treatments.

Note: Medical Control contact is required for patients with labor pains, dental pain, established care plans that deter pain management, and patients with chronic pain who do not have a palliative care plan.




1. Place the patient in the position of comfort.
2. Verbally reassure the patient to control anxiety.
3. If not improved with BLS intervention, consider analgesia.
4. Start an IV NS KVO. If the patient’s systolic blood pressure is clinically hypotensive, and signs of hypoperfusion, administer an IV/IO fluid bolus. Refer to **Vascular Access & IV Fluid Therapy Procedure**.






**West Michigan Regional MCC
Procedures
PAIN MANAGEMENT**

Initial Date: 11/15/2012
Revised Date: 08/17/2020

Section 7-13

-  5. Per MCA selection, for mild to moderate pain (described as 1-4 on the Wong Pain Scale), consider non-opioid analgesia.

MCA Selected Non-Opioid Analgesia

- Acetaminophen 15 mg/kg PO (max dose 1 gm)
Pediatrics, see dosing chart 
- Ibuprofen 10 mg/kg PO (Not appropriate for patients < 6 months or pregnant, maximum dose 600 mg)
Pediatrics, see dosing chart 
- Ketorolac (Toradol®)
Adult 15 mg IM/IV (not appropriate for pregnancy)
 Pediatric 1 mg/kg IM/IV (max dose 15 mg)

6. For patients with moderate to severe pain (described on the Wong Pain Scale), consider Ketamine.

a. Adults (or > 80 lbs.)

- i. 0.2 mg/kg IV/IO diluted in 100 mL NS IV bag and administered over at least two minutes, or 0.5 mg/kg IN (if available).
- ii. Maximum single dose 25 mg
- iii. May repeat after 10 minutes to a maximum dose of 50 mg



- iv. For patients over 65, contact medical control prior to Ketamine administration, consider the use of Fentanyl.



b. Pediatrics (or < 80 lbs.)

- i. Consider the use of Fentanyl
 - 1. 1mcg/kg, based on Mi-Medic Card dosing.
 - 2. Single dose up to 40 mcg, may repeat up to a total dose of 80 mcg.

7. When administering analgesic medications, patients may experience nausea as a side effect. Consider Ondansetron.

a. Adults: 4 mg IV/IO or ODT



b. Pediatrics: 0.1 mg/kg IV/IO (max dose 4 mg)

c. May repeat one time for continued nausea.

**West Michigan Regional MCC
Procedures
PAIN MANAGEMENT**

Initial Date: 11/15/2012
Revised Date: 08/17/2020

Section 7-13

8. If a patient is unable to tolerate Ketamine or has severe pain (described as on the Wong Pain Scale), opioid analgesia may be administered. Patients should receive only one opioid medication.

MCA Selected Opioid Analgesia

- Morphine 0.1 mg/kg IV/IO (maximum single dose 10 mg) may repeat one time. Total dose may not exceed 20 mg.
- Fentanyl 1 mcg/kg IV/IO (IN, if available) Maximum single dose 100 mcg, may repeat one time. Total dose may not exceed 200 mcg.
- Hydromorphone 0.5 mg IV/IO (for extended transports), may repeat every 10 minutes, for a maximum dose of 2 mg.





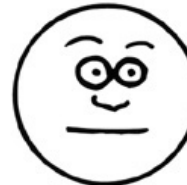



9. For patients with refractory pain after Ketamine administration, contact medical control for additional pain medication.
10. Administer opioids slowly when using IV or IO routes (Intranasal per MCA selection). Systolic BP should be maintained at > 100 mm Hg for adult patients and > 80 + (2 x age) mm Hg for pediatric patients.
11. For patients with evidence of hypotension or hypoperfusion, contact medical control.

**West Michigan Regional MCC
Procedures
PAIN MANAGEMENT**

Initial Date: 11/15/2012
Revised Date: 08/17/2020

Section 7-13

Wong Pain Scale: Pain Assessment Scale
Choose a number from 1 to 10 that best describes your pain

No pain	Minor pain	Moderate pain		Severe pain	
0	1 2 3	4 5 6	7	8	9 10
					
0	2	4	6	8	10
NO HURT	HURTS LITTLE BIT	HURTS LITTLE MORE	HURTS EVEN MORE	HURTS WHOLE LOT	HURTS WORST
Feeling perfectly normal	Nagging, annoying, but doesn't interfere with most daily living activities.	Interferes significantly with daily living activities. Requires lifestyle changes but patient remains independent. Patient unable to adapt to pain.		Disabling, unable to perform living activities. Unable to engage in normal activities. Patient is disabled and unable to function independently.	

Dosing Table		
Child's Weight (AGE)	Children's Acetaminophen Elixir (160 mg/5ml)	Children's Ibuprofen Elixir (100 mg/5 ml)
6-12 lbs. (0-2 mos.)	1.5 mL (48 mg)	DO NOT GIVE
13-16 lbs. (3-6 mos.)	3 mL (96 mg)	DO NOT GIVE
17-20 lbs. (7-10 mos.)	4 mL (128 mg)	4 mL (80 mg)
21-25 lbs. (11-18 mos.)	5 mL (160 mg)	5 mL (100 mg)
26-31 lbs. (19 mos-3yrs)	6 mL (192 mg)	6 mL (120 mg)
32-35 lbs. (3-4 yrs.)	7 mL (224 mg)	7.5 mL (150 mg)
36-40 lbs. (4-5 yrs.)	8 mL (256 mg)	8.5 mL (170 mg)
41-45 lbs. (5-6 yrs.)	9 mL (288 mg)	9.5 mL (190 mg)
41-51 lbs. (5-6 yrs.)	10 mL (320 mg)	11 mL (220 mg)
52-64 lbs. (7-9 yrs.)	12 mL (384 mg)	13 mL (260 mg)
65-79+ lbs. (10-14 yrs.)	15 mL (480 mg)	15 mL (300 mg)