Pain Management

Designation of Condition: Consider treatment of all patients who present with pain or discomfort. Carefully evaluate and examine the patient prior to administration of pain medication to establish an initial pain level and pain location

****Ketamine is currently a special skill: ONLY GIVEN BY AN AAS Paramedic**

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ABC's—with focus on ability to keep airway patent
Vital signs
Pulse Oximitery proceedure
Capnography proceedure
Oxygen supplementation >90%
Consider the use of non-pharmaceutical means of pain reduction including position of comfort, ice packs and splints.
PO Ibuprofen 400–600 mg

ETCO2 is Required for Narcotics and Ketamine

Assess pain severity:
Use combination of pain scale, vital signs, mechanism of injury, patient appearance—diaphoresis, grimacing, crying

Mild to Moderate pain

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Consider Ketorolac IV/IM 15 mg- SPECIAL SKILL:AAS EMT- I ONLY AND NO MCEP REQUIRED

NSAID Contraindications: **Pregnancy,** kidney disease/dialysis, severe liver disease, GI bleeding, shock or major hemorrhage, headache
DO NOT GIVE in patients > 65 years old
Do not use Ketorolac and ASA/Ibuprofen together.

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Tylenol PO 1000 mg
OR
Ibuprofen PO 400–600mg
OR
BEST PRACTICE IF THE PATIENT CAN TOLERATE AND NO CONTRAINDICATIONS:
400 mg of Ibuprofen in combination with 1000 mg of Tylenol OR Ketorolac IM/IV 15 mg

Tylenol Contraindications: Severe liver disease

*****KEY POINT*****
STRONGLY CONSIDER INTRAMUSCULAR OR INTRANASAL ROUTES OF ADMINISTRATION FOR YOUR FIRST DOSE OF ANALGESIC MEDICATIONS
Carefully consider narcotic side effects before administering to patients with respiratorydepression or altered mental status

If hypotension, respiratory depression, or significant mental status change occurs after pain medication is started, perform appropriate supportive care, stop the medication, and do not restart.

Combining analgesia with sedation can be dangerous and is strongly discouraged, unless in post intubation sedation. If the situation requires analgesia, give Fentanyl.Use lower incremental dosing in the elderly.

Moderate to Severe Pain

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In additon to Mild to Moderate pain control options, consider the following:
Pain management with MCEP contact: Morphine 2–5mg IV/IO/IM q 5 minutes to a max of 20 mg (0.1 mg/kg q 5 minutes to a max of 0.2 mg/kg peds)
OR
Fentanyl 0.5–1 mcg/kg IV/IO/IM/IN q 5 minutes to max total dose of 3mcg/kg
Or under the supervision and approval of the Paramedic
FENTANYL IS FIRST LINE IN TRAUMA OR HYPOTENSIVE PATIENTS
SPECIAL SKILL: NO MCEP ORDER REQUIRED FOR AAS EMT-I ADMINISTERING FENTANYL

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In addition to above listed modalities **without MCEP** contact, consider Ketamine in patient with severe pain

Ketamine may be administered as a first line medication **OR** following the administration of maximum dose opioid. May also give Fentanyl after max dose of ketamine

Adult:
0.5 mg/kg IN (max single dose 25 mg; max cummulative dose 100mg)
0.25 mg/kg IM every 10 minutes (max single dose 25 mg; max cummulative dose 100mg)

Appropriately trained AAS field personnel:
0.2 mg /kg IV SIVP over 1-2 minutes every 10 minutes (max single dose 25 mg; max cumulative dose 100 mg)

Pediatric:
0.5 mg/kg IN (single max dose 25mg)
0.25 mg/kg IM every 10 minutes (max dose 25 mg)
Assess and treat possible nausea/vomiting

Appropriately trained AAS field personnel:
0.2 mg /kg IV SIVP over 1-2 minutes every 10 minutes (max dose 25 mg)