

## ***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.

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. Pain treatment should be based on pain scale but may need modification based on patient assessment or condition being treated.

**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**.
- 📶 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 significant pain (described as greater than 4 on the Wong Pain Scale), consider Ketamine. Ketamine for pain management given IV/IO should be diluted by drawing up the Ketamine and diluting to 10 cc with NS. It must be administered slowly over 2-3 minutes to avoid dissociation symptoms. If an IV is not available a single dose of ketamine may be given IM 0.2 mg/kg (maximum single

dose 25 mg). Do not repeat ketamine or administer an opioid after IM ketamine administration without on-line medical direction.

- a. Adults (or > 80 lbs.)
  - i. Ketamine 0.2 mg/kg IV/IO or 0.5 mg/kg IN (if available)
  - ii. Maximum single dose 25 mg
  - iii. May repeat after 10 minutes to a maximum total dose of 50 mg.
-  b. Pediatrics (or < 80 lbs.)
  - i. Ketamine 0.2 mg/kg IV/IO or 0.5 mg/kg IN (if available)
  - ii. Maximum single dose 25 mg
  - iii. May repeat after 10 minutes to a maximum total dose of 50 mg.

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

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.

8. If a patient is unable to tolerate Ketamine or has significant pain (described as greater than 8 on the Wong Pain Scale), opioid analgesia may be administered. Patients should receive only one opioid medication. If an IV is not available a single dose of opioid may be given IM. Do not repeat opioid after IM administration without on-line medical direction.

#### 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.

NOTE: A single dose of opioid for the above selected medications may be administered IM at the same dose as IV/IO if an IV is not available. On-line direction is required for additional medication.














9. For patients with refractory pain after Ketamine administration, contact medical control for opioid administration.

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 suspected kidney stone pain of any pain score, Ketorolac should be considered as first line unless a contraindication exists (allergy, pregnancy or renal failure).

12. For patients with evidence of hypotension or hypoperfusion, contact medical control.

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

No pain	Distressing pain				Unbearable 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					

<b>Dosing Table</b>		
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)