

	<b>COUNTY OF SACRAMENTO</b> EMERGENCY MEDICAL SERVICES AGENCY	Document #	8066.07
	<u>PROGRAM DOCUMENT:</u>  <b>Pain Management</b>	Initial Date:	07/23/13
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EMS Medical Director

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EMS Administrator

**Purpose:**

- A. To serve as treatment standard for EMT's and Paramedics in treating patients with complaints of pain.

**Authority:**

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

**Protocol:**

Every patient deserves to have their pain managed. Not all painful conditions require ALS intervention. BLS pain management methods (reassurance, adjusting position of comfort, ice or heat, and gentle transport) can be considered before deciding to treat with narcotic medication.

Criteria to consider pain medication for pain control. (ALL criteria must be met):

- A. Discomfort/Pain of Suspected Cardiac Origin:
  - 1. Moderate to Severe pain not relieved by oxygen administration and 3 doses of NTG, or in patients who cannot take NTG because they are taking PDE-5 inhibitors
  - 2. SBP > 90 mmHg
  - 3. RR > 6
- B. Burns:
  - 1. Partial or full thickness burn(s) with severe pain and without evidence of shock or altered mental status.
  - 2. SBP > 90 mmHg
  - 3. RR > 6
- C. Trauma:
  - 1. Severe pain from amputations and/or suspected rib fractures, extremity fracture(s), including hip or shoulder injuries, or dislocations.
  - 2. No evidence of head injury and GSC=15 or baseline
  - 3. SBP > 90 mm Hg
  - 4. RR > 6
- D. Other (Non-traumatic abdominal pain, back pain, gallstones, pancreatitis, kidney stones, sickle cell crisis, cancer pain):
  - 1. Severe pain
  - 2. SBP > 90 mm Hg
  - 3. RR > 6

### BLS

- I. Assess and support ABC's and needed.
- II. Supplemental O2 as necessary to maintain SpO2  $\geq$  94%. Use the lowest concentration and flow rate of O2 as possible. Assess and treat, as appropriate, for underlying cause.
- III. Transport

### ALS

- I. Advanced Airway adjuncts as needed.
- II. Cardiac and SpO2 monitoring.
- III. Initiate vascular access.
- IV. Document pain scale (sample scale attached below) with initial assessment/vital signs, after each administration of medication, and after all procedures.
- V. Pain medications shall be titrated to relief if pain not effectively managed with BLS pain management methods. **Only use one (1):**
  - a. Fentanyl Citrate:
    - Cardiac: 1 mcg/kg slow IV/IO/IN push every 5 minutes. Max dose of 2 mcg/kg total.
    - Burn: 1 mcg/kg slow IV/IO/IN push every 5 minutes. Max dose of 3 mcg/kg total.
    - Trauma: 1 mcg/kg slow IV/IO/IN push every 5 minutes. Max dose of 2 mcg/kg total.
    - Other: 1 mcg/kg slow IV/IO/IN push every 5 minutes. Max dose of 2 mcg/kg total.
  - b. Morphine Sulfate:
    - Cardiac: 2mg slow IV/IO push every 5 minutes. Max dose of 0.2 mg/kg.
    - Burns: \*\* 0.1mg/kg slow IV/IO push every 5 minutes. Max dose of 0.3 mg/kg
    - Trauma: \*\* 0.1 mg/kg slow IV/IO push every 5 minutes. Max dose of 0.2 mg/kg.
    - Other: 0.1 mg/kg slow IV/IO push every 5 minutes. Max dose of 0.2 mg/kg.
  - c. Ketamine (non-Opioid):
    - Mix 0.3 mg/kg Ketamine (max dose = 30mg) in 50-100cc normal saline solution (NSS) or D5W and administer slow IV drip over 5 minutes.
    - Assess and document pain score every 5 minutes for duration of transport.
    - If after 15 minutes or more, the pain score is 5 or higher, may administer a second dose of 0.3 mg/kg Ketamine (max dose=30 mg) in 50-100cc NSS or D5W and administer slow IV drip over 5 minutes.

NOTE: Do not administer opioids to patients with any of the following contraindications:

- Systolic BP < 90mmHG
- Hypoxia or respiratory rate < 6
- ALOC or evidence of traumatic brain injury

Do not administer Ketamine to patients with any of the following contraindications:

- Pregnancy
- ALOC
- Multi-system trauma or active bleeding
- DO NOT ADMINISTER OPIOIDS AND KETAMINE TO THE SAME PATIENT

Examples of a 0-10 Pain Scale

	<b>0</b>
<b>Minor</b> Able to adapt to pain	<b>1</b> Very Mild
	<b>2</b> Discomforting
	<b>3</b> Tolerable
<b>Moderate</b> Interferes with many activities.	<b>4</b> Distressing
	<b>5</b> Very Distressing
	<b>6</b> Intense
<b>Severe</b> Patient is disabled and unable to function independently.	<b>7</b> Very Intense
	<b>8</b> Utterly Horrible
	<b>9</b> Excruciating Unbearable
	<b>10</b> Unimaginable Unspeakable