

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8066.06
	<u>PROGRAM DOCUMENT:</u> Pain Management	Initial Date:	07/23/13
		Last Approved Date:	01/26/16
		Effective Date:	05/01/18
		Next Review Date:	11/01/19

Signature on File

Signature on File

 EMS Medical Director

 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. Consider reassurance, adjusting position of comfort, ice or heat, and gentle transport before deciding to treat with narcotic medication.

Criteria for use of opiate medication for pain control (ALL criteria must be met):

- A. Discomfort/Pain of Suspected Cardiac Origin:
 - 1. 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 mm Hg
 - 3. RR > 6
- B. Burns:
 - 1. Partial or full thickness burn(s) with severe pain and without evidence of mechanism of internal head, chest or abdominal injury
 - 2. SBP > 90 mm Hg
 - 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 TREATMENT

Assess and support ABCs as needed.

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.

Transport.

ALS TREATMENT

Advanced Airway Adjuncts as needed.

Cardiac Monitoring and SpO2.

IV/IO access as needed; consider saline lock.

Document pain scale (sample scale attached below) with initial assessment/vital signs, after each administration of medication, and after all procedures.

Pain medications shall be titrated to relief.

Use only one (1) pain medication.

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.

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.

** **Avoid Morphine** in hypovolemic patients.

Examples of a 0-10 Pain Scale

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