

	<b>COUNTY OF SACRAMENTO</b> EMERGENCY MEDICAL SERVICES AGENCY	Document #	8066.10
	<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 establish the treatment standard for 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 advanced life support (ALS) intervention. Basic life support (BLS) pain management methods (reassurance, adjusting position of comfort, ice or heat, and gentle transport) can be considered before deciding to treat with ~~narotic~~ **an analgesic** 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 (O<sub>2</sub>) administration and three (3) doses of Nitroglycerin (NTG), or in patients who cannot take NTG because they are taking PDE-5 inhibitors.~~
- ~~2. Systolic blood pressure > 90 mmHg.~~
- ~~3. Respiratory rate > 6.~~

~~B. Burns:~~

- ~~1. Partial or full thickness burn(s) with moderate to severe pain and without evidence of shock or altered mental status.~~
- ~~2. SBP > 90 mmHg~~
- ~~3. RR > 6~~

~~C. Trauma:~~

- ~~1. Moderate to 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 Glasgow Coma Scale (GSC) =15 or baseline~~
- ~~3. SBP > 90 mm Hg~~
- ~~4. RR > 6~~

~~D. Other (i.e. non-traumatic abdominal pain, back pain, gallstones, pancreatitis, kidney stones, sickle cell crisis, cancer pain):~~

- ~~1. Moderate to severe pain~~
- ~~2. SBP > 90 mm Hg~~
- ~~3. RR > 6~~

**NOTE:** ~~SBP of < 90 mmHg is not a contraindication for Ketamine. See NOTE under ALS for contraindications for Ketamine.~~ Analgesic medications should be considered in ALL patients complaining of pain. With the exception of Ketamine and Acetaminophen, analgesics should be avoided if the patient's systolic blood pressure (SBP) is <90 mmHg, respiratory rate (RR) is ≤ 6 breaths per minute and/or decreased sensorium or suspicion of traumatic brain injury.

BLS
<ol style="list-style-type: none"> <li>1. Assess and support ABC's and needed.</li> <li>2. Supplemental O<sub>2</sub> as necessary to maintain SpO<sub>2</sub> ≥ 94%. Use the lowest concentration and flow rate of O<sub>2</sub> as possible. Assess and treat, as appropriate, for underlying cause.</li> <li>3. Transport</li> </ol>
ALS
<ol style="list-style-type: none"> <li>1. Advanced Airway adjuncts as needed.</li> <li>2. Cardiac and SpO<sub>2</sub> monitoring..</li> <li>3. Initiate vascular access.</li> <li>4. Document pain scale (sample scale attached below) with initial assessment/vital signs, after each administration of medication, and after all procedures.</li> <li>5. Pain medications shall be titrated to relief if pain not effectively managed with BLS pain management methods. <b>Only use one (1):</b> <ol style="list-style-type: none"> <li>a. Fentanyl Citrate: <ul style="list-style-type: none"> <li>• <del>Cardiac: 1 mcg/kg slow IV/IO/IN push every 5 minutes. Max dose of 2 3 mcg/kg total.</del></li> <li>• <del>Burn: 1 mcg/kg slow IV/IO/IN push every 5 minutes. Max dose of 3 mcg/kg total.</del></li> <li>• <del>Trauma: 1 mcg/kg slow IV/IO/IN push every 5 minutes. Max dose of 2 mcg/kg total.</del></li> <li>• <del>Other: 1 mcg/kg slow IV/IO/IN push every 5 minutes. Max dose of 2 mcg/kg total.</del></li> </ul> </li> <li>b. Morphine Sulfate (if Fentanyl is unavailable): <ul style="list-style-type: none"> <li>• <del>Cardiac: 2mg slow IV/IO push every 5 minutes. Max dose of 0.2 mg/kg.</del></li> <li>• <del>Burns: 0.1mg/kg slow IV/IO push every 5 minutes. Max dose of 0.3 mg/kg</del></li> <li>• <del>Trauma: 0.1 mg/kg slow IV/IO push every 5 minutes. Max dose of 0.2 mg/kg.</del></li> <li>• <del>Other: 0.1 mg/kg slow IV/IO push every 5 minutes. Max dose of 0.2 mg/kg.</del></li> </ul> </li> <li>c. Ketamine (<del>non-Opioid</del>): Not to be used for cardiac pain. For all other pain types, administer as follows: <ul style="list-style-type: none"> <li>• Mix 0.3 mg/kg Ketamine (max dose = 30mg) in 50-100cc normal saline solution (NSS) or D5W and administer slow IV drip over ten (10) minutes.</li> <li>• If pain remains at, or returns to, moderate or severe, you 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 ten (10) minutes.</li> </ul> </li> <li>d. Acetaminophen (if available) <ul style="list-style-type: none"> <li>• 1000 mg IV/IO infusion over 15 minutes</li> </ul> </li> </ol> </li> </ol> <p><b>NOTE:</b> <del>Do not administer opioids to patients with any of the following contraindications:</del></p> <ul style="list-style-type: none"> <li>• <del>Systolic BP &lt; 90mmHG</del></li> <li>• <del>Hypoxia or respiratory rate &lt; 6</del></li> <li>• <del>ALOC or evidence of traumatic brain injury.</del></li> </ul> <p>Do not administer Ketamine to patients with any of the following contraindications:</p> <ul style="list-style-type: none"> <li>• Pregnancy</li> </ul>

- ALOC
- ~~Multi-system trauma or active bleeding~~
- ~~DO NOT ADMINISTER OPIOIDS AND KETAMINE TO THE SAME PATIENT UNLESS APPROVED BY THE BASE HOSPITAL.~~

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