

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8066.12
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Signature on File

EMS Medical Director

Signature on File

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 the position of comfort, ice or heat, and gentle transport) can be considered before deciding to treat with analgesic medication.

NOTE: ~~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 ≤ 10 breaths per minute, and/or decreased sensorium or suspicion of traumatic brain injury.~~

BLS
1. Assess and support ABCs as needed. 2. Supplemental O ₂ as necessary to maintain SpO ₂ ≥ 94%. Use the lowest concentration and flow rate of O ₂ as possible. Assess and treat, as appropriate, for underlying cause. 3. Transport
ALS
1. Advanced Airway adjuncts as needed. 2. Cardiac and SpO ₂ monitoring. 3. Initiate vascular access. 4. Document the pain scale (sample scale attached below) with initial assessment/vital signs after each administration of medication and after all procedures. 5. Pain medications shall be titrated to relief if the pain is not effectively managed with BLS pain management methods. <ul style="list-style-type: none"> a. Acetaminophen (For patients with mild to moderate pain) <ul style="list-style-type: none"> • 1000 mg IV/IO infusion over 15 minutes. • 1000 mg PO. • Do not repeat. b. Ketorolac (For patients with mild to moderate pain) <ul style="list-style-type: none"> • 15 mg slow IV/IO push or 30 mg IM. • Do not repeat.

- c. Fentanyl Citrate (For patients with moderate to severe pain)
 - 1 mcg/kg (maximum single dose 100 mcg) slow IV, IO, or IN every 5 minutes. Maximum cumulative dose of 3 mcg/kg (300 mcg) total.
- d. Morphine Sulfate (if Fentanyl is unavailable)
 - 0.1 mg/kg (maximum single dose 10mg) slow IV, IO, or IN every 5 minutes. A maximum cumulative dose of 0.2 mg/kg (20 mg).
- e. Ketamine (For patients with moderate to severe pain)
 - Mix 0.3 mg/kg Ketamine (maximum single dose = 30mg) in 50-100cc normal saline solution (NSS) or D5W and administer slow IV drip over ten (10) minutes.
 - If **after 20 minutes and** 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.

NOTE: Ketamine may be administered in addition to Acetaminophen and Fentanyl for severe pain.

Precautions/Contraindications:

1. ~~Check the patient's allergies before administering any medication.~~
2. ~~Ketamine should be avoided in the following patients:~~
 - ~~Chest pain of suspected cardiac origin.~~
 - ~~Pregnancy.~~
3. ~~Ketorolac should be avoided in the following patients:~~
 - ~~Active bleeding.~~
 - ~~Active wheezing.~~
 - ~~Age < 4 years old or > 65 years old.~~
 - ~~Allergy to Non-Steroidal Anti-inflammatory agents (NSAIDs).~~
 - ~~Current Anticoagulation therapy.~~
 - ~~Head or Multisystem trauma.~~
 - ~~History of peptic ulcer disease or upper GI bleeding.~~
 - ~~History of renal disease or kidney transplant.~~
 - ~~Known or suspected pregnancy.~~
 - ~~Suspected Sepsis or Septic Shock.~~

Examples of a 0-10 Pain Scale

Wong-Baker FACES Pain Rating Scale



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	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