

**PEORIA AREA EMS SYSTEM
PREHOSPITAL CARE MANUAL**

Pain Control Protocol

Pain, and the lack of relief from the pain, is one of the most common complaints among patients. Pain control can reduce the patient's anxiety and discomfort, making patient care easier. The patient's severity of pain must be properly assessed in order to provide appropriate relief. Managing pain clinically in the prehospital setting will provide greater patient care.

First Responder Care

First Responder Care should focus on the reduction of the patient's anxiety due to the pain.

1. Render initial care in accordance with the *Routine Patient Care Protocol*.
2. Assess level of pain using the *Pain Assessment Scale* (0-10) or the *Wong-Baker Faces Pain Rating Scale*.
3. Place patient in a position of comfort.
4. Reassure the patient.
5. Consider ice or splinting.
6. Reassess level of pain using the approved pain scale.

BLS Care

BLS Care should focus on the reduction of the patient's anxiety due to the pain.

1. BLS Care includes all of the components of First Responder Care.
2. Initiate ALS intercept, if indicated.

ILS Care

ILS Care should focus on the reduction of the patient's anxiety due to the pain.

1. ILS Care includes all of the components of BLS Care.
2. Initiate ALS intercept, if indicated.

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ALS Care

ALS Care should focus on the pharmaceutical management of pain.

1. ALS Care includes all of the components of ILS Care.
2. In cases of **isolated extremity fractures, chest pain, burns and discomfort from IO infusion, pain medication may be given without calling medical control** if the systolic BP > 90mmHg. Any other situation involving pain medication administration requires Medical Control order prior to giving the medication.

Morphine Sulfate: 2-5mg IV every **5 minutes** to reduce the patient's anxiety and severity of pain. If unable to establish IV access, may administer Morphine 2-5mg IM every **15 minutes**.

Promethazine (Phenergan): 12.5mg IV diluted with 10mL NS and administer over 60 seconds (if systolic BP > 90mmHg) or 12.5mg IM **for nausea and/or vomiting**. Promethazine 12.5mg IV or IM may be repeated one time in **15 minutes** to a total dose of 25mg.

If the patient is allergic to Morphine or if Morphine is not effective:

Fentanyl: 50mcg IV over 2 minutes for pain. Fentanyl 50mcg IV may be repeated one time in **5 minutes** to a total of 100mcg. If unable to establish IV access, may administer Fentanyl 50 mcg IM. May be repeated one time in **15 minutes** to a total of 100mcg.

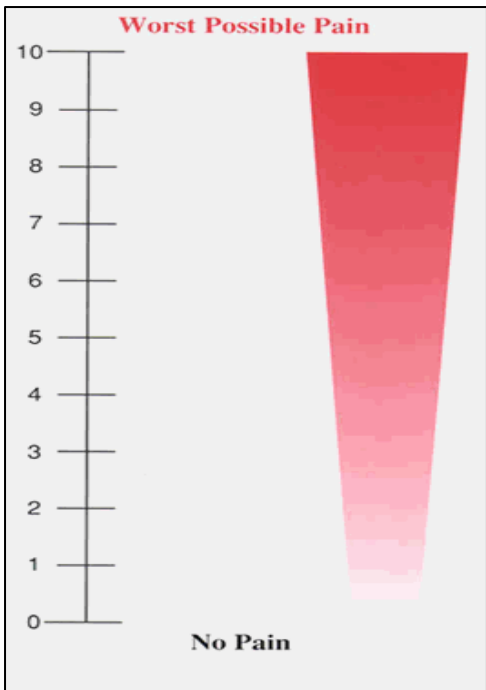
Critical Thinking Elements

- Monitor the patient for respiratory depression when administering narcotics.
- Blood pressure should be monitored closely – check 5 minutes after narcotic administration (and prior to administering repeat doses).
- Verify that the patient is not allergic to the pharmaceutical agent prior to administration.
- Patients with a head injury / ALOC or patients with unstable vital signs **should not receive pain medications**.
- Pain medication for abdominal pain cannot be given without Medical Control order.
- **In patients with known renal failure, the Fentanyl dose must be reduced to 25mcg. The dose may be repeated one time to a maximum dose of 50mcg.**
- Pain medication may be given IO to conscious patients experiencing discomfort from IO infusion.

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Pain Assessment Scales



0-10 Numeric Pain Scale

