

TREATMENT:

- A. Treat per Universal Patient Care.
- B. For acute pain and uncontrolled chronic pain:
 1. Determine location of pain and severity using numeric scale (1-10) or Faces scale.
 2. Consider and treat underlying cause of pain.
 3. Use non-pharmacological pain management (i.e., position of comfort, hot/cold pack, elevation, splinting, padding, wound care, therapeutic calming and communication).
 4. Administer pain medication:
 - i. **Fentanyl 50-100 micrograms IV/IO/IM/IN.** Repeat with 25-50 micrograms every 3-5 minutes as needed to **max of 200 mcg.**
 - ii. **Morphine 2-5 mg IV/IO/IM** every 3-5 minutes to a maximum of 20 mg.
 - iii. Consider **Ketamine 0.1- 0.3 mg/kg IV/IM/IO to max of 30 mg** for pain refractory to Fentanyl or Morphine administration or first line if hypotension present. Administer as a slow push for IV/IO.
 - iv. **Ketorolac 15 mg IM/IV/IO.** Contraindicated in pregnancy and in those at risk of bleeding and renal impairment. See formulary for additional details.
 - v. Contact Medical Control if pain is not controlled within maximum dosing.

Do not administer pain medications if any of the following are present:

- **Respiratory distress or O2 saturation of < 90%**
- **Known allergy to that pain medication**
- **Altered mental status**
- **Systolic blood pressure of < 100 mm/Hg (except Ketamine)**

- C. Obtain a full set of vital signs and pain scale rating prior to and after each administration of pain medication.

PEDIATRIC PATIENTS:

- A. **Fentanyl 1 microgram/kg IV/IO/IM/IN.** May repeat with 0.5 -1 mcg/kg every 3-5 minutes as needed to a maximum of 4 mcg/kg. Do not exceed adult dosing.
- B. For children < 20 kg, **Morphine 0.1 mg/kg IV/IO/IM.** May repeat every 3-5 min. Do not exceed adult dosing.
- C. Contact Medical Control if maximum dose of either medication is reached without adequate pain management.

