**EMR PAIN MANAGEMENT PROTOCOL**

**Indications:**

* Pain

**Contraindications for Entonox:**

* Usage in an enclosed area
* Patient’s inability to comply with instructions
* Suspected inhalation injury 1
* Suspected air embolism or pneumothorax
* Nitroglycerin within the last 5 minutes
* Decompression sickness

**Cautions for Entonox:**

* Shock
* Abdominal Distention
* Depressant Drugs
* COPD
* Maxillo-Facial Injuries

**Complete Primary Survey**

**Complete Secondary Survey**

* History (including pain assessment)
* Vital Signs (including Pulse Oximeter)
* Head-to-Toe examination (sufficient to rule out all contraindications)
* Ensure adequate ventilation

Record start and stop times of Entonox and the patient’s response

**Footnotes:**

1. Entonox mat be administered to patients with suspected inhalation injury is O2 saturation is 100%.
2. Let patient apply mask / mouth piece. Mask/ mouth piece may fall away as patient becomes sedated. Do not replace mask / mouth piece.
3. Patients should receive high flow oxygen when Entonox is discontinued.
4. Discontinue Entonox is cyanosis, shortness of breath or signs of inadequate breathing develop.

Administer Entonox. Patient uses until pain is relieved or side effects appear 3,4

**Explain to Patient that Entonox is self-administered** 2**, the effects and the possible side effects**