

Subject: Treatment Guidelines - ALS
Pain Management Policy (Adult and Pediatric)

Associated Policies:

I. Authority and Reference

- A. Division 2.5 of Health and Safety Code
- B. California code of Regulation, Title 22
- C. North Coast EMS Policies and Procedures

II. Purpose

To provide guidelines for the management of pain, both traumatic and medical in nature, to adult and pediatric prehospital patients.

III. Indications:

- A. Moderate to severe pain in the presence of adequate vital signs (systolic blood pressure >90). Consider Ketamine for patients with blood pressures <90.
- B. When extrication, movement or transportation is required which will cause considerable pain to the patient, AND there are no known contraindications to the analgesic being administered.

IV. Contraindications:

- A. Absolute:
 - 1. Any known or suspected drug allergies to the analgesia being administered.
- B. Relative:
 - 2. Active Labor

V. Procedure:

- A. Determine origin of the pain (examples: isolated extremity trauma, chronic medical condition, burns, abdominal pain, multi-system trauma).
- B. Identify those patients with the complaint of pain or have obvious signs of discomfort.
- C. Determine initial pain score on a scale of 1 to 10 and document this finding in the Prehospital care report.
- D. May use Morphine Sulfate, Fentanyl, Benzodiazepines, Ketamine, Ketorolac, and/or IV Acetaminophen per agency policy and North Coast EMS policies and in the absence of contraindications.
- E. Determine baseline blood pressure, pulse rate and pulse oximetry.
- F. Monitor vital signs closely (i.e., respiratory rate/effort, LOC, O₂ saturation).
- G. Leave Pulse Oximetry in place for serial saturations.
- H. Determine need for oxygen.
- I. Establish IV or IO access per policy.
- J. Ondansetron may be co-administered to alleviate nausea and/or vomiting with narcotics. Strongly consider ondansetron use for patients who are immobilized.

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Associated Policies:

- K. Consider the careful administration of midazolam for treatment of anxiety in conjunction with Policy #6552.
- L. Repeat pain scale and all vital signs following administration of all medications. Monitor carefully for respiratory depression, especially if both benzodiazepines and opioids have been administered.
- M. Contact Base Hospital physician for additional Fentanyl administration requests when needed.
- N. Monitor patient and vital signs carefully and ensure a patent airway.

VI. Special Considerations:

- A. Always have naloxone readily available to reverse any respiratory depression that may occur, or chest rigidity caused from Fentanyl.
- B. Administer half ($\frac{1}{2}$) the dose of Fentanyl in patients ≥ 65 years with all routes.
- C. Use caution in the suspected drug or alcohol intoxication.

VIII. Documentation and Patient Care Reporting

- A. Document pain score expressed in a measurable form both before and after administration.
- B. All interventions used for pain management, including all BLS and ALS procedures.
- C. Initial and serial vital signs before and after administration.