

PAIN MANAGEMENT	
ADULT	PEDIATRIC (<34 kg)
BLS	
<ul style="list-style-type: none"> • Universal Protocol #601 • Pulse Oximetry <ul style="list-style-type: none"> ○ O₂ administration per Airway Management Protocol #602 • Medical (non-cardiac) <ul style="list-style-type: none"> ○ Position of comfort ○ Nothing by mouth • Cardiac chest pain – Chest Pain/Acute Coronary Syndrome Protocol #640 • Trauma – General Trauma Protocol #660 <ul style="list-style-type: none"> ○ Splint, ice, elevate as indicated 	<ul style="list-style-type: none"> • Universal Protocol #601 • All causes of pain - consider age/situation appropriate distraction techniques <ul style="list-style-type: none"> ○ Video Viewing ○ Calm environment ○ Caregiver support • Medical <ul style="list-style-type: none"> ○ Position of comfort ○ Nothing by mouth • Otherwise, same as adult
ALS Standing Orders	
<p style="text-align: center;">MODERATE or SEVERE PAIN</p> <p>Acute Pain – SBP ≥ 90 mmHg, unimpaired respirations, GCS normal for baseline</p> <ul style="list-style-type: none"> • Fentanyl 50-100 mcg SLOW IV (over 1 min.), may repeat after 5 min. if needed (not to exceed 200 mcg total) <p style="text-align: center;">IF DIFFICULTY OBTAINING IV</p> <ul style="list-style-type: none"> • Fentanyl 50-100 mcg IM/IN (use 1 mcg/kg as guideline), may repeat after 15 min. if needed (not to exceed 200 mcg total) 	<p style="text-align: center;">MODERATE or SEVERE PAIN</p> <p style="text-align: center;">(use age appropriate indicators)</p> <p>Acute Pain – BP > age-based min., unimpaired respirations, GCS normal for age</p> <ul style="list-style-type: none"> • Fentanyl 1.5 mcg/kg IN (split between nares) • Fentanyl 1 mcg/kg 1M • (IN and 1M routes) may repeat after 15 min. if needed (not to exceed 4 doses) <p style="text-align: center;">IF IV ALREADY ESTABLISHED</p> <ul style="list-style-type: none"> • Fentanyl 1 mcg/kg SLOW IV (over 1 min), may repeat after 5 min. if needed (not to exceed 4 doses)
Base Hospital Orders Only	
<ul style="list-style-type: none"> • Fentanyl administration with <ul style="list-style-type: none"> ○ ALOC ○ SBP ≥ 90 mmHg ○ Chronic pain • Additional doses of Fentanyl • As needed 	<ul style="list-style-type: none"> • Same as adult • As needed
Notes	
<ul style="list-style-type: none"> • Consider doses of Fentanyl 25 mcg for initial dose in elderly (>65 y/o) and for maintenance doses • Request orders, as appropriate, for obviously painful conditions not covered by standing orders • Use clinical judgement if patient has difficulty using pain scale, or their reported pain is inconsistent with clinical impression <ul style="list-style-type: none"> ○ Consider using FACES scale in adults with barriers to communication (below) • Non-pharmacologic interventions should be provided concurrently or prior to medication administration • Do not withhold appropriate pain medication due to short transport times • Strongly consider initiating pain management on scene if movement is expected to be painful for patient (unless unstable condition requires rapid transport) 	

