

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:</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;">OR</p> <ul style="list-style-type: none"> • Ketamine 0.3mg/kg (max of 30mg) in 100mL Normal Saline, administer IV/IO over 10 minutes one time dose. <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;">OR</p> <ul style="list-style-type: none"> • Ketamine 0.5mg/kg (max of 40mg) IM one time dose. <p>Acute Pain – multisystem trauma with head/thoracic/abdominal injuries, significant extremity trauma:</p> <ul style="list-style-type: none"> • Ketamine 0.3mg/kg (max of 30mg) in 100mL Normal Saline, administer IV/IO over 10 minutes one time dose. <p style="text-align: center;">OR</p>	<p style="text-align: center;">MODERATE or SEVERE PAIN</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)

<ul style="list-style-type: none"> • Ketamine 0.5mg/kg (max of 40mg) IM one time dose. <p>Contraindications for Fentanyl include SBP < 90 mmHg, hypoxia, and impaired respiration.</p> <p>Contraindications for Ketamine include pregnancy, HX of Schizophrenia, hypertensive emergencies, and coronary chest pain.</p> <p>Pain Management following IO Placement:</p> <ul style="list-style-type: none"> • Lidocaine 0.5mg/kg (Total max dose of 40mg) slow IO push over 60 seconds. 	
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 • One additional dose of Ketamine • 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 • Use clinical judgement if a 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) • 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). • Ketamine is a potent anesthetic and dissociative agent in higher doses and is associated with higher incidents of significant adverse effects. This is NOT an approved use for prehospital care in the County of San Luis Obispo. • Ketamine may be considered as preferable to fentanyl for patients that may have opioid tolerance due to habituation or addiction, and in patients where fentanyl use has other significant precautions. • Ketamine should be considered as first line analgesic agent when fentanyl is contraindicated due to hypotension, pathology, or injury inhibiting respiration, or multisystem trauma with high potential for internal hemorrhage. • Ketamine administration to pediatric patients is NOT approved for use in the County of San Luis Obispo. • When mixing Ketamine into 100mL bag, label the bag with “Ketamine/mg amount”. 	