

General: Pain Management (Update 9/08)

EMT

- ABC and vital signs
- Airway management with high concentration oxygen

 EMT STOP

INTERMEDIATE

- Vascular access, with bloods drawn

 INTERMEDIATE STOP

CCT

PARAMEDIC

- Morphine 0.05 mg/kg IV (SEE KEY POINTS BELOW)
- Morphine 0.1 mg/kg IM (SEE KEY POINTS BELOW)
- Morphine may be repeated ONCE to a total dose not to exceed 10 mg
- Ondansetron (Zofran) 4 mg IV or IM, if patient becomes nauseous

 CCT AND PARAMEDIC STOP

PHYSICIAN OPTIONS

- Fentanyl 0.5-1 mcg/kg slow IV, IM or atomized intranasally
- Additional Morphine IV or IM
- Additional Ondansetron (Zofran) IV or IM
- Midazolam (Versed) 0.05 mg/kg IV, IM or atomized intranasally

Key Points/Considerations

- For patients with:
 - Severe burns without hemodynamic compromise
 - Suspected isolated extremity fractures or dislocations with severe pain
 - Suspected hip fractures should be treated as extremity injuries, as they are femur fractures
 - Suspected shoulder injuries should be treated as extremity injuries
- For all other painful conditions, providers must consult REMO physician for orders
- Contraindications to standing order pain management: altered mental status, hypoventilation, SBP<100, other traumatic injuries
- This protocol may NOT be used in conjunction with the Procedural Sedation Protocol, unless REMO physician is consulted.
- Fentanyl should be used if there is any concern for potential hemodynamic instability. It may only be used after a consultation with a REMO physician on a recorded line. You must notify ReMAC that you administered Fentanyl when you call for your Signal Number.

Pediatric: Pain Management (Update 9/08)

EMT

INTERMEDIATE

- ABC and vital signs
- Airway management with high concentration oxygen

 EMT AND INTERMEDIATE STOP

CCT

- Cardiac Monitor
- Morphine 0.1 mg/kg IM (SEE KEY POINTS BELOW)
- Ondansetron (Zofran) 0.1 mg/kg IM, only if patient becomes nauseous

 CCT STOP

PARAMEDIC

- Vascular access
- Morphine 0.05 mg/kg IV or 0.1 mg/kg IM (SEE KEY POINTS BELOW)
Morphine may be repeated once after 5 minutes with a maximum total dose 0.1 mg/kg
- Ondansetron (Zofran) 0.1 mg/kg IV, only if patient becomes nauseous

 PARAMEDIC STOP

PHYSICIAN OPTIONS

- Fentanyl 0.5-1 mcg/kg IV, IM or atomized intranasally
- Additional Morphine IV or IM
- Additional Ondansetron (Zofran) 0.1 mg/kg IV or IM

Key Points/Considerations

- For patients with:
 - Severe burns without hemodynamic compromise
 - Suspected isolated extremity injuries, fractures or dislocations with severe pain
- For all other painful conditions, providers must consult REMO physician for orders
- Contraindications to standing order pain management: altered mental status, hypoventilation, hypotension, other traumatic injuries
- Consult REMO physician as soon as possible
- This protocol may NOT be used in conjunction with the Pediatric Procedural Sedation Protocol, unless REMO physician is consulted.
- Fentanyl should be used if there is any concern for potential hemodynamic instability. It may only be used after a consultation with a REMO physician on a recorded line. You must notify ReMAC that you administered Fentanyl when you call for your Signal Number.