Sierra – Sacramento Valley EMS Agency Treatment Protocol	M-8 (LALS)
Pain Management	
Approval: Troy M. Falck, MD – Medical Director	Effective: 06/01/2022
Approval: Victoria Pinette – Executive Director	Next Review: 05/2025

- **Pain management shall be adequately addressed/documented for all pts with a report of pain.**
- **Treatment should be directed at reducing pain to a tolerable level - pts may not experience complete relief.**

BLS

- Assess V/S including pain scale & SpO_2
- O_2 at appropriate rate if SpO_2 <94% or short of breath
- Place pt in position of comfort, immobilize, splint & apply ice/cold packs as appropriate

Pain From Acute Injuries
- Burns, frostbite, extremity injuries, multi-system trauma, etc.

Other Causes of Pain
- Back pain, abdominal pain, sickle cell crisis, cancer, etc.

Pain managed effectively? **YES** → Monitor & reassess ← **YES** **Pain managed effectively?**

NO

NO

- Contact base/modified base hospital for pain management consultation
- May proceed to LALS treatment in the event of communication failure

LALS

- IV NS TKO if necessary (may bolus up to 1000 mL)
- Continuous cardiac & $EtCO_2$ monitoring **(AEMT II)** - if available

Morphine (AEMT II)
- 2 - 5 mg slow IV (over 1 min) or IM - May repeat every 5 mins as necessary (max cumulative: 20 mg)

Pts with severe pain from acute isolated extremity injuries (including hip & shoulder), not adequately relieved by other pain management methods/analgesics

Midazolam (AEMT II)
- 1 mg slow IV - May repeat x 1 in 5 mins (max cumulative: 2 mg)

ⓘ Use extreme caution when administering morphine & midazolam to the same pt; this results in a deeper level of sedation with an increased risk for airway & respiratory compromise

ⓘ Midazolam doses shall be administered a minimum of 5 mins following administration of a morphine dose

ⓘ Do not administer morphine or midazolam to pts with any of the following contraindications:
- SBP <100 - SpO2 <94% or RR <12 - ALOC or suspected TBI