

**Pain Management**

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Approval: John Poland – Executive Director

Next Review: 07/2028

- All pts with a report of pain shall be appropriately assessed and treatment decisions/interventions shall be adequately documented on the PCR.
- A variety of pharmacological and non-pharmacological interventions may be utilized to treat pain. Consider the pt's hemodynamic status, age, and previous medical history/medications when choosing analgesic interventions.
- Treatment goals should be directed at reducing pain to a tolerable level; pts may not experience complete pain relief.

BLS

- Assess V/S including pain scale & SpO₂, every 15 mins or as indicated by pt's clinical condition
- Assess/document pain score using standard 1-10 pain scale before and after each pain management intervention and at a minimum of every 15 mins
- O₂ at appropriate rate if SpO₂ <94% or pt is short of breath
- Utilize non-pharmacological pain management techniques as appropriate, including:
 - Place in position of comfort and provide verbal reassurance to minimize anxiety
 - Apply ice packs &/or splints for pain secondary to trauma

Pain not effectively managed with non-pharmaceutical pain management techniques**Pain related to
acute injury/
burns/frostbite?**

NO→

- Contact base/modified base hosp. for pain management consultation
- May proceed with LALS treatment in the event of communication failure, if indicated by pt's condition

YES

LALS

- Continuous cardiac & EtCO₂ monitoring if administering fentanyl &/or midazolam
- IV/IO NS TKO if indicated by pt's clinical condition or necessary for medication administration
 - May bolus up to 1000 mL if indicated by pt's clinical condition

Fentanyl (AEMT II): 25-50 mcg slow IV or IM/IN – may repeat every 5 mins to max cumulative dose of 200 mcg**Pts with severe pain from acute isolated extremity injuries (including hip & shoulder), not adequately relieved by other methods/analgesics:****Midazolam (AEMT II):** 1 mg slow IV – may repeat (x1) in 5 mins**Fentanyl/Midazolam Contraindications & Administration Notes**

- ① Clinical judgement shall be utilized to determine appropriate doses within allowable protocol ranges
- ① Administer fentanyl/midazolam IV doses over 60 seconds
- ① Do not administer fentanyl/midazolam to pts with any of the following:
 - SBP <100
 - SpO₂ <94% or RR <12
 - ALOC or suspected moderate/severe TBI
- ① Consider reducing fentanyl doses to 25 mcg for pts ≥65 yo
- ① There is an increased risk of deeper level of sedation & airway/respiratory compromise when administering midazolam to pts receiving fentanyl