Sierra – Sacramento Valley EMS Agency Treatment Protocol	M-8 (LALS)
Pain Management	
Approval: Troy M. Falck, MD – Medical Director	Effective: 10/01/2026
Approval: John Poland – Executive Director	Next Review: 07/2029

- 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 & SpO_2, 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
- O_2 at appropriate rate if SpO_2 <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
- **If pain is not effectively managed with non-pharmaceutical pain management techniques, review/consider the Fentanyl/Midazolam Contraindications & Administration Notes information below and proceed:**

***Acute Pain Protocol Definition:** Sudden, short-term pain usually caused by injury, illness, or a specific event.

***Acute Pain?**

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 & $EtCO_2$ 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 acute pain 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

ⓘ Clinical judgement shall be utilized to determine appropriate doses within allowable protocol ranges
ⓘ Administer fentanyl/midazolam IV doses over 60 seconds
ⓘ 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

ⓘ Consider reducing fentanyl doses to 25 mcg for pts ≥65 yo
ⓘ There is an increased risk of deeper level of sedation & airway/respiratory compromise when administering midazolam to pts receiving fentanyl