



# Pain Control

## History

- Age
- Location
- Duration
- Severity (1 - 10)
- If child use Wong-Baker faces scale
- Past medical history
- Medications
- Drug allergies

## Signs and Symptoms

- Severity (pain scale)
- Quality (sharp, dull, etc.)
- Radiation
- Relation to movement, respiration
- Increased with palpation of area

## Differential

- Per the specific protocol
- Musculoskeletal
- Visceral (abdominal)
- Cardiac
- Pleural / Respiratory
- Neurogenic
- Renal (colic)

### Specific Complaint Protocol

Assess Pain Severity

Combination of Pain Scale, MOI, circumstances, Injury or Illness severity

Mild

Moderate to Severe

**Ibuprofen 10 mg/kg PO**  
(400 – 600 mg typical adult)  
**Maximum 800 mg**  
Or  
**Acetaminophen 15 mg/kg**  
(325 – 1000 mg typical adult)  
**Maximum 1000 mg**  
Or  
**Aspirin 324 to 650 mg PO**  
(≥ 16 only)

If no improvement  
Consider IV Protocol UP 6  
**if indicated**

IV / IO Protocol UP 6

**Ketorolac 15 mg IV / IO**  
**30 mg IM**  
**Peds: 0.5 mg/kg IV / IO / IM**

**Maximum 30 mg**

Cardiac Monitor

**Nitrous Oxide 70:30 to 50:50 Mix NO/O<sub>2</sub>**

**Fentanyl 50 – 100 mcg IV / IO / IM**  
Repeat every 5 minutes  
**Maximum 3 mcg/kg**  
**Peds: 1 mcg/kg IV / IO / IM / IN**  
May repeat 0.5 mcg/kg every 5 minutes  
**Maximum 2 mcg/kg**

Or  
**Morphine 4 mg IV / IO / IM**  
Repeat **2 mg** every 5 minutes as needed  
**Peds: 0.1 mg/kg IV / IO / IM**  
May repeat every 5 minutes  
**Maximum 10 mg**

**Ketamine 0.2 mg/kg IV / IO**  
Infuse or IV push over 10 minutes

May repeat every 20 minutes  
**Maximum 30 mg single dose**

**Maximum 3 total doses**

Or  
**Ketamine 1 mg/kg IN**  
**Maximum 1 total dose**

Monitor and Reassess  
Every 10 minutes following sedative

Notify Destination or  
Contact Medical Control

Universal Protocol Section



# Pain Control

## Pearls

- **Recommended Exam: Mental Status, Area of Pain, Neuro**
- **Pain severity (0-10) is a vital sign to be recorded before and after PO, IV, IO or IM medication delivery and at patient hand off. Monitor BP closely as sedative and pain control agents may cause hypotension.**
- **Ketamine:**  
**Ketamine may be used in patients who are outside a Pediatric Medication/Skill Resuscitation System product. Ketamine may be used in patients who fit within a Pediatric Medication/Skill Resuscitation System product only with DIRECT ONLINE MEDICAL ORDER, by the system MEDICAL DIRECTOR or ASSISTANT MEDICAL DIRECTOR.**
- **Ketamine: appropriate indications for pain control:**  
Patients who have developed opioid-tolerance. Sickle cell crisis patients with opioid-tolerance.  
Patients who have obstructive sleep apnea.  
May use in combination with opioids to limit total amount of opioid administration.
- **Ketamine: caution when using for pain control:**  
Slow infusion or IV push over 10 minutes is associated with less side effects. Do not administer by rapid IV push.  
Avoid in patients who have cardiac disease or uncontrolled hypertension.  
Avoid in patients with increased intraocular pressure such as glaucoma.  
Avoid use in combination with benzodiazepines due to decreased respiratory effort.
- **Both arms of the treatment may be used in concert. For patients in Moderate pain for instance, you may use the combination of an oral medication and parenteral if no contraindications are present.**
- **Pediatrics:**  
For children use Wong-Baker faces scale or the FLACC score (see Assessment Pain Procedure)  
Use Numeric (> 9 yrs), Wong-Baker faces (4-16yrs) or FLACC scale (0-7 yrs) as needed to assess pain
- **Vital signs should be obtained before, 10 minutes after, and at patient hand off with all pain medications.**
- All patients who receive IM or IV medications must be observed 15 minutes for drug reaction in the event no transport occurs.
- Do not administer **Acetaminophen** to patients with a history of liver disease.
- Burn patients may required higher than usual opioid doses to titrate adequate pain control.
- Consider agency-specific anti-emetic(s) for nausea and/or vomiting.