

**Michigan**  
**General Procedures**  
**PAIN MANAGEMENT**

Date: July 31, 2009

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## ***Pain Management***

The goal is to reduce the level of pain for patients in the pre-hospital setting. All non-cardiac pain should be assessed and scored according to the “Wong Pain Scale”. Reassessment should be timed according to medication onset of action, changes in patient condition, patient positioning and other treatments.

### **Pre-Radio**

#### **MFR/EMT/SPECIALIST/PARAMEDIC**

1. Follow **General Pre-Hospital Care Protocol** or Follow **General Pediatric Assessment and Treatment Protocol**.
2. For trauma patients follow the **General Adult or Pediatric Trauma Protocol**.
3. Place the patient in the position of most comfort.

#### **SPECIALIST/PARAMEDIC**

1. Start an IV NS KVO. If the patient has a systolic blood pressure is less than 100 mm Hg and signs of hypoperfusion administer a bolus of 20 ml/kg.

#### **PARAMEDIC**

If indicated, administer pain medication as described below. Systolic BP should be maintained at:

Adult  $\geq$  100 mm Hg

Pediatric  $80 + (2 \times \text{age})$  mm Hg

1. Administer pain medication per MCA selection.
2. Administer Fentanyl 1 mcg/kg increments IV. If pain persists after two minutes repeat dose up to a maximum dose of 2 mcg/kg. For pediatric patients, administer 1 mcg/kg increments IV up to a maximum of 2 mcg/kg. If IV is unavailable contact medical control for IM consideration.
3. Administer Morphine Sulfate in 2 mg increments IV, up to a maximum of 20 mg. For pediatric patients administer Morphine Sulfate 0.1 mg/kg IV.

#### **NARCOTIC ANALGESIC OPTIONS**

(Select Options)

- Fentanyl 1 mcg/kg IV/IO may repeat every 5 minutes until maximum of 3 mcg/kg
- Morphine Sulfate 0.05 mg/kg IV may repeat dose every 5 minutes until maximum of 20 mg.

#### **Medication Administration Option**

(Choose one)

- Pre-radio
- Post-radio

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**Post-Radio**

1. For patients with evidence of hypotension or hypoperfusion, contact medical control.

*Wong Pain Scale: Pain Assessment Scale*

Choose a number from 1 to 10 that best describes your pain

No pain	Distressing pain				Unbearable pain					
0	1	2	3	4	5	6	7	8	9	10
										
0		2		4		6		8		10
NO HURT		HURTS LITTLE BIT		HURTS LITTLE MORE		HURTS EVEN MORE		HURTS WHOLE LOT		HURTS WORST

Indications for pain management include the following:

Short term pain relief for significantly painful conditions, including:

- Burns, isolated extremity trauma
- Back pain
- Flank pain
- Significant abdominal pain
- Severe headaches with migraine history
- Severe headache without altered mental status
- Significant pain in alert multiple trauma patient

Precautions include (use with care):

- Elderly
- Respiratory depressed
- Pregnancy – not a contraindication to pain treatment unless at term or in labor
- Altered mental status
- Severe respiratory disorders
- Nursing mothers – relative, still treat pain
- Impaired hepatic or renal function – decreased metabolism
- Ingestion of benzodiazapines (ie: Valium) – increased respiratory depression

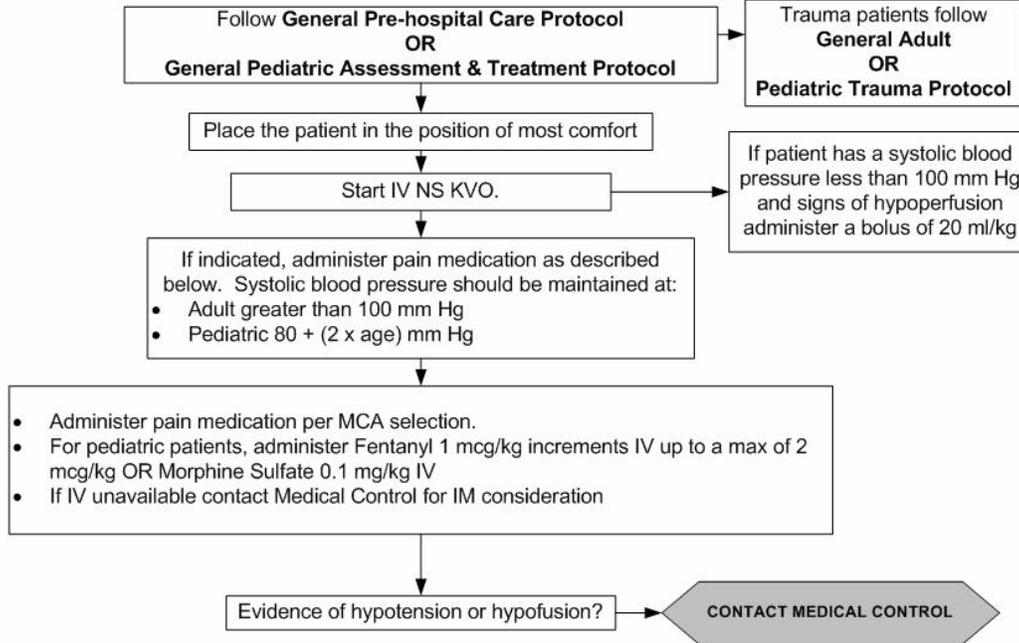
For conditions in which longer acting pain management is desired and appropriate, i.e. burns, isolated extremity trauma, Morphine may be used preferentially to Fentanyl.

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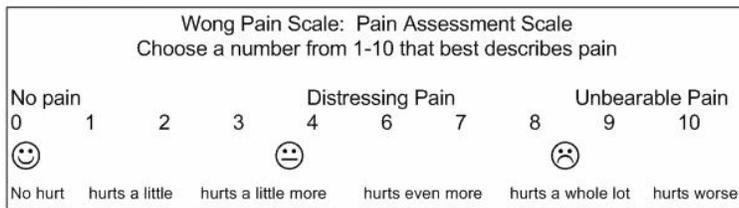
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- NARCOTIC ANALGESIC OPTIONS**  
(Select Options)
- Fentanyl 1 mcg/kg IV/IO may repeat every 5 min until max of 3 mcg/kg
  - Morphine sulfate 0.05 mg/kg IV may repeat dose every 5 minutes until max of 20 mg

- Medication Administration Option**  
(Choose One)
- Pre-radio
  - Post-radio



- Indications for pain management include the following:  
Short term pain relief for significantly painful conditions, including:
- Burns, isolated extremity trauma
  - Back pain
  - Flank pain significant abdominal pain
  - Severe headaches with migraine history
  - Severe headache without altered mental status
  - Significant pain in alert multiple trauma patient

- Relative contraindications include (use with care):
- Elderly
  - Respiratory depressed
  - Pregnancy – not a contraindication to pain treatment unless at term or in labor
  - Altered mental status
  - Severe respiratory disorders
  - Nursing mothers- relative still treat pain
  - Impaired hepatic or renal function – decreased metabolism
  - Ingestion of benzodiazepines (ie: Valium) – increased respiratory depression

For conditions in which longer acting pain management is desired & appropriate, i.e. burns, isolated extremity trauma, Morphine may be used preferentially to Fentanyl