

Effective Date : January 16, 2017

Last Review: New Policy

Next Review: January 2019

Authority: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9

DEFINITION:

Pain is a subjective unpleasant sensory and emotional experience associated with actual or potential tissue damage. Any patient with a complaint of moderate or significant pain including but not limited to: burn patients, frostbite, bites and envenomation, crush injuries, extremity injuries, traumatic injuries, abdominal pain, sickle cell crisis, cancer, prolonged extrication, renal colic, etc. May use morphine or fentanyl alone or in combination up to a max of 20 mg morphine equivalents

Morphine Equivalents: 10 mg morphine = 100 mcg fentanyl
5 mg morphine & 50 mcg fentanyl = 10 mg morphine

BLS TREATMENT:

OXYGEN: as appropriate, goal to maintain SPO2 at least 94%, Assist ventilations as necessary.

VITALS: assess vitals

POSITION: splint injured extremity, ice and elevation as needed to prevent swelling.

PSYCHOLOGICAL SUPPORT: reassure patient

ALS TREATMENT:

MONITOR: treat rhythm as appropriate

IV ACCESS: IV normal saline preferred, rather than saline lock

CAPNOGRAPHY: utilize wave form capnography for doses greater than 10 mg morphine equivalent

MORPHINE SULFATE: **IV** 2-5 mg may repeat every 5 to 10 minutes as needed. Max total dose 20 mg. A max single dose is 5 mg.
IM 5-10 mg may repeat once in 10 to 15 minutes up to max of 20 mg total dose. If a repeat dose is needed, highly consider IV access.

FENTANYL: **IV** 1 mcg/kg max dose 50 mcg slow IV,

May repeat every 5 minutes at 0.5 mcg/kg to 1 mcg/kg max dose of 50 mcg if systolic BP is greater than 90

Total max dose of 200 mcg or 20 mg morphine equivalents

IM 1 mcg/kg max dose 50 mcg, may repeat every 15 to 20 minutes, if systolic BP is greater than 90, up to a max of 200 mcg or 20 mg morphine equivalents. If a repeat dose is needed highly consider IV access.

IN 1.5 mcg/kg 75 mcg single max dose. Administer ½ dose to each nostril. May repeat once after 10 minutes if systolic BP is greater than 90

CONTACT BASE HOSPITAL FOR DOSES EXCEEDING 20 MG MORPHINE EQUIVALENTS

DOCUMENTATION: Assessment of pain before and after each narcotic administration, utilize 0-10 pain scale. Medication dose and patient response, including vitals, must be documented with each narcotic administration.

CONSIDERATIONS: Administer Fentanyl slowly to prevent Rigid Chest Syndrome; Naloxone may reverse Rigid Chest Syndrome. Ondansetron can be used to prevent or treat nausea associated with narcotic administration, please refer to Adult Policy M1 Nausea and Vomiting. Do not utilize with patients who have a GCS less than 14, Use with caution in patients who have sustained a traumatic brain injury and are under the influence of other substances (alcohol, illicit drugs, and sedatives/hypnotics). If patient shows signs of respiratory depression (shallow respirations and rate less than 12) use Naloxone 0.5 mg IV, IN, and IM as necessary to increase respiratory rate. Do not use Naloxone for pin point pupils only.



POLICY M2 – ADULT PAIN MANAGEMENT

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