

PEORIA AREA EMS SYSTEM  
PREHOSPITAL CARE MANUAL

**Pain Control Protocol**

Pain, and the lack of relief from the pain, is one of the most common complaints among patients. Pain control can reduce the patient's anxiety and discomfort, making patient care easier. The patient's severity of pain must be properly assessed in order to provide appropriate relief. Managing pain clinically in the prehospital setting will provide greater patient care.

**First Responder Care**

First Responder Care should focus on the reduction of the patient's anxiety due to the pain.

1. Render (initial) care in accordance with the *Universal Patient Care Protocol*.
2. Assess level of pain using the *Pain Assessment Scale (0-10)* or the *Wong-Baker Faces Pain Rating Scale*.
3. Place patient in a position of comfort.
4. Reassure the patient.
5. Consider ice or splinting.
6. Reassess level of pain using the approved pain scale.

**BLS Care**

BLS Care should focus on the reduction of the patient's anxiety due to the pain.

1. BLS Care includes all of the components of First Responder Care.
2. Initiate ALS intercept, if indicated.

**ILS Care**

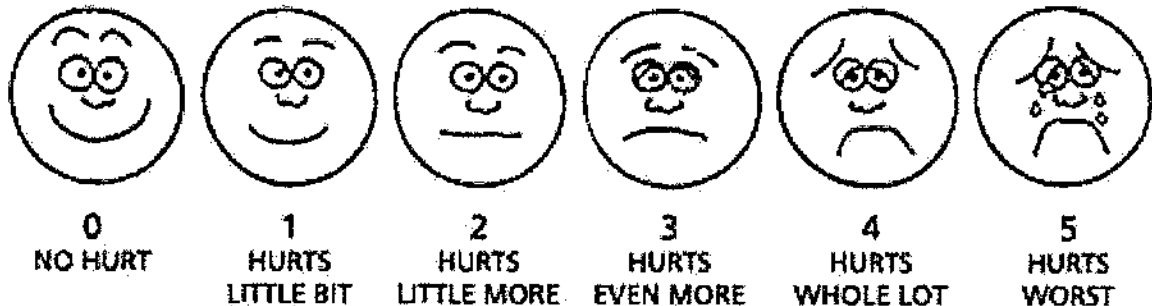
ILS Care should focus on the reduction of the patient's anxiety due to the pain.

1. ILS Care includes all of the components of BLS Care.
2. Fentanyl: *For Pain - Choose one of the following:*
  - Intranasal (See Intranasal Fentanyl Dosing Chart)
  - If unable to initiate IV access: 50mcg IM. May repeat as needed to a total of 200mcg.
  - 50mcg IV, over 2 minutes. Fentanyl 50mcg IV. May repeat every 5 minutes to a total of 200mcg.
3. Initiate ALS intercept, if indicated.

**ALS Care**

ALS Care should focus on the pharmaceutical management of pain.

1. Universal ALS Patient Care Protocol.
2. Patient care according to Protocol based on specific complaint.
3. Pain severity  $\geq 6$  out of 10 or indication for IV/IM/IN pain medication.
4. Fentanyl: *For Pain - Choose one of the following:*
  - Intranasal (See Intranasal Fentanyl Dosing Chart)
  - If unable to initiate IV access: 50mcg IM. May repeat as needed to a total of 200mcg.
  - 50mcg IV, over 2 minutes. Fentanyl 50mcg IV. May repeat every 5 minutes to a total of 200mcg.



**Critical Thinking Elements**

- If respiratory depression or hypotension occurs after administration of Dilaudid or Fentanyl, ventilate the patient as necessary and administer Narcan.
- Monitor respiratory status, SPO2 and or Waveform Capnography if available.
- Blood pressure should be monitored closely – check 5 minutes after narcotic administration (and prior to administering repeat doses).

- Verify that the patient is not allergic to the pharmaceutical agent prior to administration.
- Patients with a head injury / ALOC or patients with unstable vital signs **should not receive pain medications.**
- In patients with known renal failure, the Fentanyl dose must be reduced to 25mcg. The dose may be repeated one time to a maximum dose of 50mcg.
- Pain medication may be given IO to conscious patients experiencing discomfort from IO infusion