

Protocol Title: Pain Control

I. BASIC LIFE SUPPORT

N/A

II. INTERMEDIATE LIFE SUPPORT

N/A

III. ADVANCED LIFE SUPPORT

When controlling and managing pain, narcotics need to be administered in a timely and prudent manner. Realize that pain response varies greatly between patients. Use great caution in pain control in patients >75 years of age, consider starting at half dose for any pain medication.

1. Narcotics are considered first line for pain management in the prehospital setting. The use of the following medications are appropriate for pain management:

a. **Fentanyl Citrate** 1 mcg/kg IV, IO to a maximum of 3 mcg/kg titrated to effect. (Peds 1 mcg/kg IV, IO once).

OR

b. **Morphine Sulfate**, 2-10 mg IV, IO titrated to effect. Max 20 mg total. (Peds 0.1-0.2 mg/kg IV, IO, IM once)

OR

c. **Ketamine**, 0.3-0.6 mg/kg IV/IO once as an adjunct to narcotic pain medication. Max 0.6 mg/kg dosage. Consult with medical control regarding any deviation or additional doses beyond this dosing.

i. Be aware of the side effects of ketamine

ii. In general, this would be reserved for transports >10 minutes



2. If pain unrelieved and BP >100 mmHg systolic. Administration of **Fentanyl Citrate** beyond 3ug/kg and **Morphine Sulfate** beyond 20 mg requires consultation with medical control.

3. Side effects associated with narcotic pain medication may include nausea or pruritus (itching)

a. For nausea administer **Zofran** 4-8 mg IV, IO, IM, PO

b. For pruritus, **Benadryl** 25 mg IV, IO, IM, PO

Note: for narcotic drug shortage situations, dilaudid remains on the formulary as an alternative. Consult the formulary information on dosing regarding this medication.