

## PAIN MANAGEMENT

### INDICATIONS:

1. Severe musculoskeletal pain due to burns, dislocations or traumatic injuries.

### MEDICAL FIRST RESPONDER:

1. Assure ABC's are intact. Maintain C-spine precautions if suspected trauma.
2. Assist patient into position of comfort or into the recovery position, if appropriate.
3. Loosen clothes, if appropriate.
4. Begin high flow supplemental oxygen via mask.
5. Assess vital signs (BP, pulse, respirations, O<sub>2</sub> sats) minimally every 10 min.; more often if unstable.
6. Provide psychological reassurance as necessary.

### BASIC LIFE SUPPORT:

1. Initiate cardiac monitoring if appropriate.

### INTERMEDIATE TECH:

1. Establish an IV TKO.

### INTERMEDIATE 99:

1. Administer Morphine Sulfate 1.0 – 4.0 mg titrated to patient response up to max dose of 16 mg.
2. Contact medical control for further orders.

### PARAMEDIC/RN:

1. Consider Phenergan 12.5 – 25 mg IV/IO or deep IM.
2. Consider Dilaudid 0.5 – 2.0 mg IV/IO titrated to patient response if patient is allergic to morphine.
3. Consider Toradol 30 – 60 mg IV/IO or 60 mg IM. (*Do not mix with morphine in same syringe*)
4. Consider Valium 1.0 – 5.0 mg IV/IO if pain is orthopedic in nature.
5. Contact medical control for further orders.

### PEDIATRIC CONSIDERATIONS:

1. Paramedics/RN's consider Toradol 15 mg IV or IM given once.
2. Contact medical control prior to administering morphine, dilaudid or valium. Consult Broselow tape or medical control for proper doses.



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