

M-04 Pain Management

BLS Treatment

Assess Pain Severity: Utilize a combination of pain scale, MOI, circumstances, and injury/illness
Oxygen: As needed, titrate to SpO2 > 94%
Positioning: Position of comfort
Splinting: Splint injured body part as needed
Cold Pack or Heat Pack: Apply as needed

ALS Treatment

IV/IO
 If indicated by patients clinical condition or needed for medication administration.

No Yes

Acute moderate or severe pain?

Non-Acute or Mild Pain

Moderate or Severe Pain

Acetaminophen 500 – 1000 mg PO
 Max total dose 1000 mg.
OR
Acetaminophen 1000 mg IV/IO
 Slow infusion over 10 – 15 min.
 Max total dose 1000 mg.
OR
Ketorolac 15 – 30 mg IV/IO/IM
 Single dose only.
 Max dose 30 mg.

Fentanyl 25 – 100 mcg IV/IO/IM
 Slow push over 1 min for IV/IO.
 May repeat in 5 min.
 Max total dose 200 mcg.
OR
Fentanyl 50 – 100 mcg IN
 Separate dose ½ per nostril.
 May repeat in 10 min.
 Max total dose 200 mcg.

Ketamine 15 – 30 mg IV/IO
 Inject dose into 100 mL NS or D5W.
 Slow infusion over 10 – 15 min.
 Max total dose 30 mg.

Approximate Dosing Chart
 Concentration: 50 mg/1 mL

Dose	Volume
15 mg	0.3 mL
20 mg	0.4 mL
25 mg	0.5 mL
30 mg	0.6 mL

Consider Moderate Pain Treatment
 For worsening pain or pain not improving with previous treatments.

For Continued Pain Consider Acetaminophen 1000 mg IV/IO
 Slow infusion over 10 – 15 min.
 Max total dose 1000 mg.

For Continued Pain Consider Acetaminophen 1000 mg IV/IO
 Slow infusion over 10 – 15 min.
 Max total dose 1000 mg.

Contact Base Hospital
 For additional pain management consultation.



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Medication Notes / Contraindications

- **BLS pain management** methods should include reassurance, adjusting position of comfort, ice or heat if needed, and gentle transport.
- **Analgesic medications** should be considered by ALS providers for all patients complaining of pain. Use caution for any patient < 4 yo or > 65 yo, consider lower medication doses and closer monitoring.
- **Infusions should utilize a 10 drops/mL set** and target a total infusion time of 10 - 15 min.
- **Protocol guidelines** cannot replace sound clinical judgement and every patient deserves to have their pain managed appropriately. Consider all circumstances to form a complete treatment plan.

Acetaminophen

- **Contraindications:**
 - Allergy or unable to take Acetaminophen
 - Hypotension
 - > 3,000 mg Acetaminophen taken within 24 hrs
 - Liver disease/insufficiency/transplant
- **Discontinue infusion if hypotension develops.**

Fentanyl

- **Contraindications:**
 - Allergy or unable to take opiate medication
 - Hypotension
 - Respiratory insufficiency
 - GCS < 14 or suspected TBI
- **Cardiac monitoring with SpO2 and EtCO2 required if 2 or more doses administered.**
- **Respiratory depression and hypotension from opiates can be reversed with naloxone.**

Ketamine

- **Contraindications:**
 - Allergy or unable to take Ketamine
 - Pregnancy
 - Chest pain of cardiac origin
- **Cardiac monitoring with SpO2 and EtCO2 required during administration.**
- **Immediately label the Ketamine infusion after injecting selected dose into NS or D5W.**

Ketorolac

- **Contraindications:**
 - Allergy or unable to take NSAID medication
 - > 65 yo
 - Pregnancy
 - Active bleeding
 - Multi-system trauma
 - GCS < 14 or suspected TBI
 - Asthma, GI bleeding, ulcers
 - Current use of anticoagulants or steroids
 - Kidney disease/insufficiency/transplant

