

Pain Management

Applies to: Patient presents with a painful condition that would benefit from treatment with an analgesic. This includes DNR/MOLST patients and patients being pre-medicated for a painful procedure.

Exclusion Criteria: Medication specific hypersensitivity/allergy. Active Labor.

History to consider

- Age
- Location
- Duration
- Severity (1 - 10)
- If child use Wong-Baker faces scale
- Past medical history
- Medications
- Drug allergies

Signs and Symptoms to note

- Severity (Pain scale)
- Quality
- Radiation
- Relation to movement
- Respirations
- Reproducible
- Increased upon palpation

Differentials to consider

- Per the specific protocol
- Musculoskeletal
- Visceral (abdominal)
- Cardiac
- Pleural/ Respiratory
- Neurogenic
- Renal (colic)

Pearls

- Do not administer Acetaminophen to patients with history of liver disease or known to have consumed large amounts of ETOH.
- Fentanyl, Morphine and Ketamine should be reserved for acute pain.
- For patients in Moderate pain for instance, you may use the combination of an oral medication and parenteral if no contraindications are present.
- **Ketamine**
 - May use Ketamine in combination with opioids to limit total amount of opioid administration
 - Avoid in patients who have cardiac disease or uncontrolled hypertension.
 - Avoid in patients with increased intraocular pressure such as glaucoma.
 - Avoid use in combination with benzodiazepines due to depressed respiratory drive

Navigate



Customize as
needed

Contact Destination
or Medical
Control as
indicated

References

Protocols

- Nausea / Vomiting

Pharmacology

- Fentanyl Citrate
- Morphine
- Ketamine
- Acetaminophen
- Ofirmev
- Ibuprofen

Procedures

- Vascular Access
- Pain Assessment

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