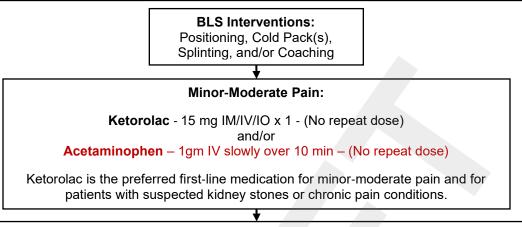
PAIN MANAGEMENT

- Routine Medical Care
- Pain management should be initiated as early as possible and before transport in the stable patient. Consider pain management prior to the manipulation of suspected fractures
- Document the level of pain prior to and after any interventions



Moderate-Severe Pain:

Fentanyl

IV/IO: 1 mcg/kg (50-100 mcg) Slow push. Repeat q 5min PRN to a max. cumulative dosage of 200 mcg

IM/IN: 1 mcg/kg (50-100 mcg) Repeat q 10min PRN to a max. cumulative dosage of 200 mcg

Base contact required if contraindications are present or >200 mcg is needed

Ketamine

IV/IO: 0.3 mg/kg in 100ml of NS/D5W Slow IV Infusion over 10 minutes. (max. dose is 30 mg, no repeat)

IM/IN 0.3 mg/kg (max. dose is 30 mg, no repeat)

Ketorolac Considerations:

- Contraindications:
 - Patients who meet Trauma Criteria, NSAID Allergy (e.g. Ibuprofen, Naproxen, Aspirin), Pregnancy, History of: GI Bleed, Ulcers, Renal disease, or Current anticoagulant use
- Note:
 - Standard doses of Fentanyl <u>OR</u> Ketamine may be administered if Ketorolac is ineffective

Acetaminophen Considerations:

Contraindications:

Allergy to Acetaminophen (Tylenol), ingested >4gms acetaminophen in past 24 hours

Fentanyl & Ketamine Considerations:

DO NOT CO-ADMINISTER FENTANYL AND KETAMINE

- Patient Monitoring
 - Continuous monitoring of the patient's LOC and respiratory status via direct observation/ ETCO2/SpO2, etc is required.
- Contraindications:
 - Decreased respiratory rate, Altered mental status/LOC, or Suspected Traumatic Brain Injury
- Notes:
 - Consider lower doses of Fentanyl for older adults
 - Have Naloxone readily available when administering Fentanyl
 - Ketorolac may be administered if Fentanyl or Ketamine is ineffective