

# Non-Traumatic Extremity Pain/Swelling

For pain, swelling, or other non-traumatic problem of an extremity; includes rashes and non-traumatic bleeding (e.g., varicose vein bleed)

**History**

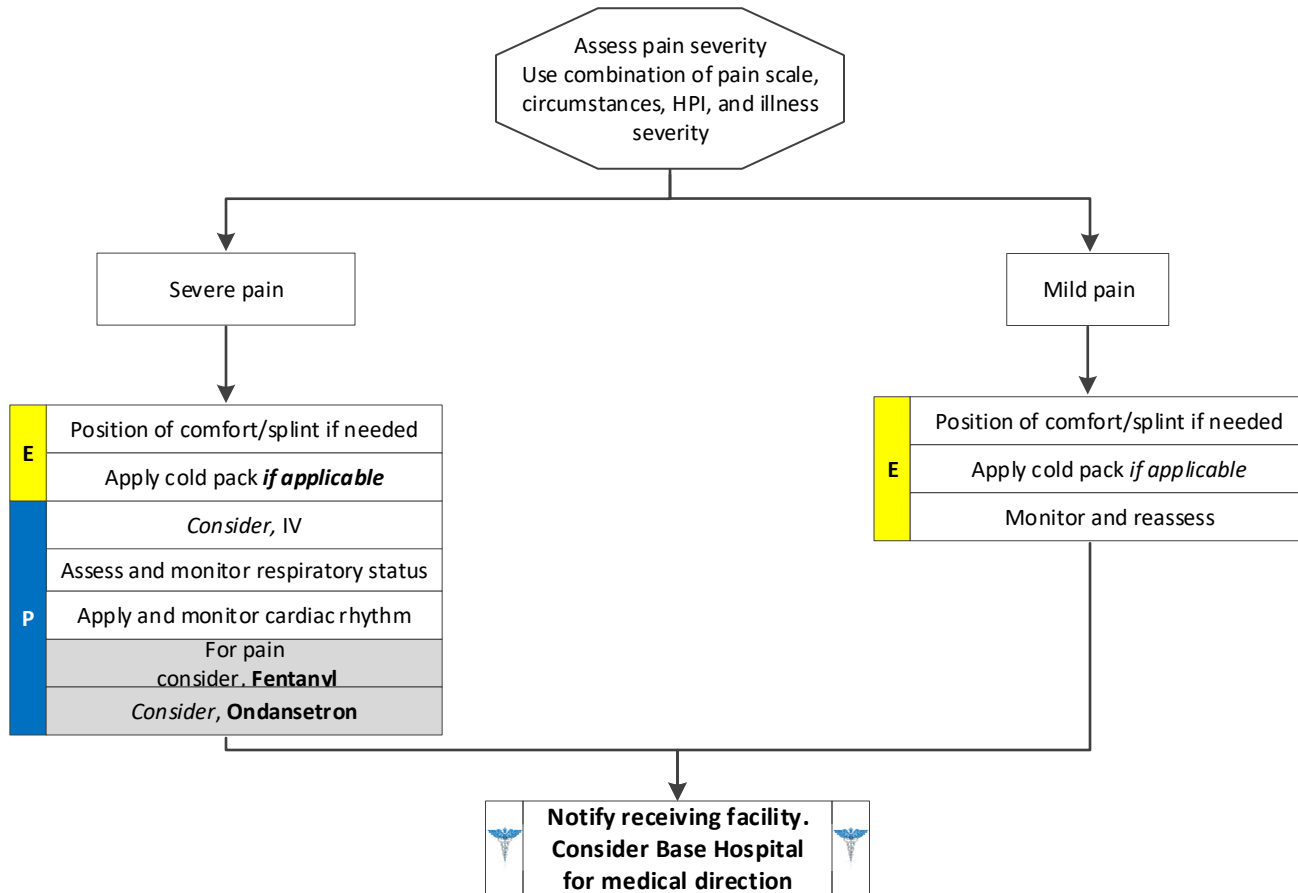
- Age
- Location and duration
- Severity (0–10 scale)
- Past medical history
- Pregnancy status
- Drug allergies and medications

**Signs and Symptoms**

- Severity (pain scale)
- Quality (e.g., sharp, dull, or stabbing)
- Radiation
- Relation to movement or respiration
- Increased with palpation of area

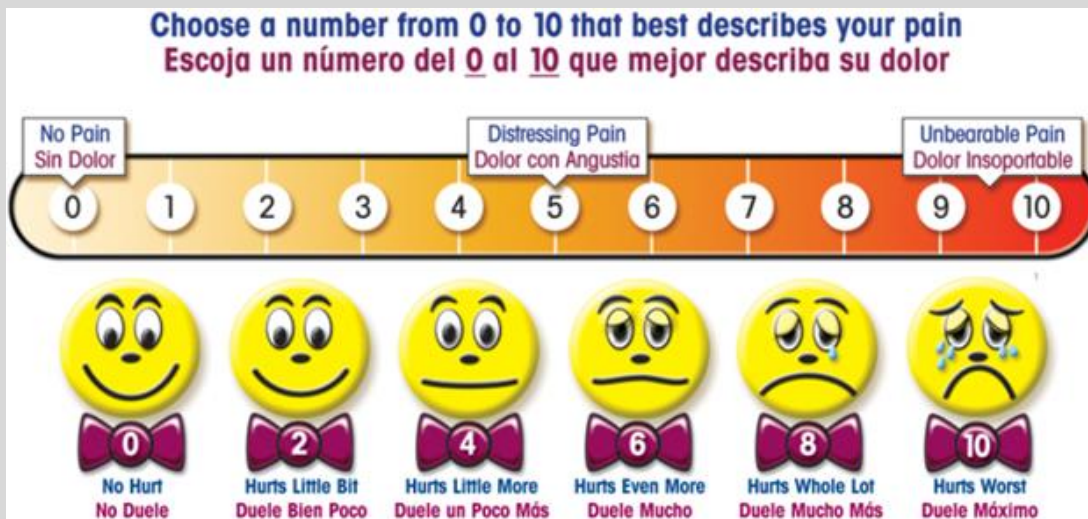
**Differential**

- Arthritis
- Deep venous thrombosis
- Gout/pseudogout/septic joint
- Back pain/sciatica
- Bursitis/Baker’s cyst
- Tendonitis/Carpal Tunnel
- Pain in limb, not otherwise specified
- Cellulitis



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### Pearls

- Use judgement in assessing pain and consider circumstances and history of narcotic use before administering narcotics.
- Pain severity (0 – 10 scale) shall be recorded before and after all BLS pain control measures and ALS pain medication delivery. Monitor blood pressure and respirations closely as pain control medications may cause hypotension or respiratory distress.
- Patients may display a wide variation of response to opioid pain medication (Fentanyl). Consider the patient’s age, weight, clinical condition, other recent drugs, or alcohol and prior exposure to opiates when determining initial dosing.
- Minimal doses of opioids may cause respiratory depression in the elderly or those patients who weigh less.
- USE EXTREME CAUTION when administering opioids together with benzodiazepines; this combination results in a deeper level of anesthesia with a significant risk for airway and respiratory compromise.
- It is strongly recommended that vascular access be established for patients who receive IM or IN medication.
- Have Naloxone available to reverse respiratory depression should it occur.
- Contact the base hospital for additional orders of Fentanyl beyond 200mcg.

