

INTERIM ADULT PAIN ASSESSMENT AND MANAGEMENT

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DATE: June 2018

Information Needed:

- All patients expressing verbal or behavioral indicators of pain shall have an appropriate assessment and management of pain as indicated.
- Measurement of a patient's pain is subjective; therefore, s/he is the best determinant of the presence and severity of his or her pain
- Prior treatment for pain provided by the patient, friends or family members.

Objective Findings:

- Discomfort: onset, provocation, quality, region, radiation, severity, time.
- Assess and document the scale/intensity using the numeric intensity scale equivalent of 0-10 (0=no pain; 10=worse pain ever).
- Reassessment and documentation of a patient's pain shall be performed following any intervention that may affect pain intensity.

Treatment:

- Determine appropriate form(s) of pain management as indicated. Initial pain management may include any of the following interventions: repositioning, bandaging, splinting, elevation, traction, cold packs and psychological coaching. Reassess pain intensity.
- If a patient's pain is assessed as Moderate to Severe (5–10) and no contraindications are noted the patient should be offered treatment for pain.
- IV access
- Consider morphine sulfate 2-5 mg slow IVP for discomfort. May repeat morphine in 2-5 mg increments q 5 minutes or more up to 20 mg.
- If unable to establish an IV up to 5 mg of morphine sulfate may be administered IM. May repeat in up to 5 mg increments q 10 minutes to a max of 20 mg.
- If morphine sulfate is unavailable, **Fentanyl** may be used for pain management as follows:
 - 50 mcg **Fentanyl** IV/IO slowly over 2 mins. May repeat q 5 mins to a maximum dose of 200 mcg.
 - 50 mcg **Fentanyl** IM. May repeat once in 10 minutes
 - 50 mcg **Fentanyl** IN (intranasal), Spray ½ dose (25 mcg) in each nare. IN administration of Fentanyl may NOT be repeated.
- Prior to the administration of morphine sulfate or Fentanyl, and prior to each repeat dose, the patient's pain and vital signs should be reassessed. The

patient must have a SBP>90 mmHg, respirations>12, and awake to report pain.

Precautions and Comments:

- Use of morphine or Fentanyl is contraindicated for the following conditions:
 - Childbirth or suspected active labor
 - Closed head injury
 - Sudden onset of acute headache
 - Altered mental status
 - SBP less than 90 mmHg
 - Respiratory rate less than 12
- Treatment of pain with morphine or Fentanyl should be used with caution in chronic pain states
- Consider Ondansetron (Zofran) 4 mg ODT or IV, may repeat every 15 minutes to a total of 12 mg for patients who develop nausea
- Base physician consultation is recommended in patients with abdominal pain of unknown etiology
- An accurate and thorough assessment of pain requires that an initial assessment and on-going assessments be performed and documented. This is the community standard of care and provides clinicians with a baseline to compare subsequent evaluations of the patient's pain
- Any standard pain assessment tool using a scale of 0-10 may be used to evaluate the adult's pain. If the patient is unable or unwilling to scale his or her pain, the patient's words and behavioral clues should be documented prior to treatment and after each intervention.