

Pain/Comfort Control

History

- Age
- Location
- Duration
- Severity (0 - 10) or Wong-Baker faces scale
- **SAMPLE**
- Drug Allergies
- Medications


Signs and Symptoms

- Severity (pain scale)
- Quality (sharp, dull, etc.)
- Radiation
- Relation to movement, respiration
- Increased with palpation of area
- Anxiety / Agitation

Differential

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

 **Universal Patient Care Protocol**
Routine Standard of Care

 Patient care according to **Protocol**
based on **Specific Complaint**


Pain

Anxiety

- Assess pain scale
- Assess approximate weight of patient
- Ensure/obtain patent venous access
- Evaluate patient's medical condition prior to the administration of any analgesic
- Assess for allergies of any kind

- Asses level of anxiety
- Assess level of agitation
- Consider need for sedation
- Assess for allergies of any kind

Analgesia Indicated

 **Fentanyl IV/IO (0.5-2mcg/kg) q 5 MIN**
Morphine IV/IO (2-10mg) q 10 MIN
Toradol IV/IO (15-30mg)

Versed IV/IO (0.5-1mg) 5 mg MAX q 5 min
Ativan IV/IO (1-2mg) 2 mg MAX q 15 min

 **Nausea/Vomiting Protocol**

General Protocols

Pearls

- **Recommended Exam: Mental Status, Area of Pain, Neuro**
- **Pain severity (0-10) is a vital sign to be recorded pre and post IV or IM medication delivery and at disposition.**
- **Vital signs should be obtained pre, post, and at disposition with all pain medications.**
- Contraindications to the use of a **narcotic** include hypotension, head injury, respiratory distress or severe COPD.
- **Ketorolac (Toradol) and Ibuprofen should not be used in patients with known renal disease or renal transplant, in patients who have known drug allergies to NSAID's (non-steroidal anti-inflammatory medications), with active bleeding, or in patients who may need surgical intervention such as open fractures or fracture deformities.**
- All patients should have drug allergies documented prior to administering pain medications.
- **Ketorolac** should not be given for headaches or abdominal pain, history of gastritis, stomach ulcers, fracture, or if patient will require sedation
- See drug list for other contraindications for Analgesics and Sedatives as well as antidotes

Protocol 8