



PAIN MANAGEMENT

BLS

ALS

- Assess level of pain
- Ice, immobilize, and splint PRN
- Elevation of extremity PRN

- Continue to monitor and reassess pain using standardized pain scores
- Document vital signs before and after each medication administration

Pain medication considerations

1. When changing route of administration, consider the potential time difference in onset of action
2. If SBP <100 mmHg, ketamine may be preferred over opioids, which can cause hypotension

For mild pain (score 1-3)¹, moderate pain (score 4-6), or severe pain (score 7-10)

- Acetaminophen 1,000 mg IV over 15 min

For moderate pain (score 4-6) or severe pain (score 7-10)

Fentanyl (IV dosing)

- Up to 100 mcg IV
- MR up to 50 mcg IV q5 min x2
- Maximum total dose 200 mcg IV

Fentanyl (IN dosing)

- Up to 50 mcg IN
- MR up to 50 mcg IN q15 min x2
- Maximum total dose 150 mcg IN

If fentanyl unavailable

Morphine (IV dosing)

- Up to 0.1 mg/kg IV
- MR in 5 min at half initial IV dose
- MR in additional 5 min at half initial IV dose

Morphine (IM dosing)

- Up to 0.1 mg/kg IM
- MR in 15 min at half initial IM dose
- MR in additional 15 min at half initial IM dose

For moderate to severe pain (score ≥5)

Requirements for use of ketamine on SO (must meet all)

- ≥15 years old
- GCS of 15
- Not pregnant
- No known or suspected alcohol or drug intoxication

¹ If patient refuses or has contraindications to acetaminophen, may treat as moderate pain

Diego County Emergency Medical Services Office
Policy / Procedure / Protocol

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| | <p><u>Ketamine (IV dosing)</u></p> <ul style="list-style-type: none">• 0.3 mg/kg in 100 mL of NS over 10 min IV. Maximum for any IV dose is 30 mg.• MR x1 in 15 min if pain remains moderate or severe• Maximum total dose 60 mg IV <p><u>Ketamine (IN dosing)</u></p> <ul style="list-style-type: none">• 0.5 mg/kg IN (50 mg/mL concentration). Maximum for any IN dose is 50 mg.• MR x1 in 15 min if pain remains moderate or severe• Maximum total dose 100 mg IN |
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