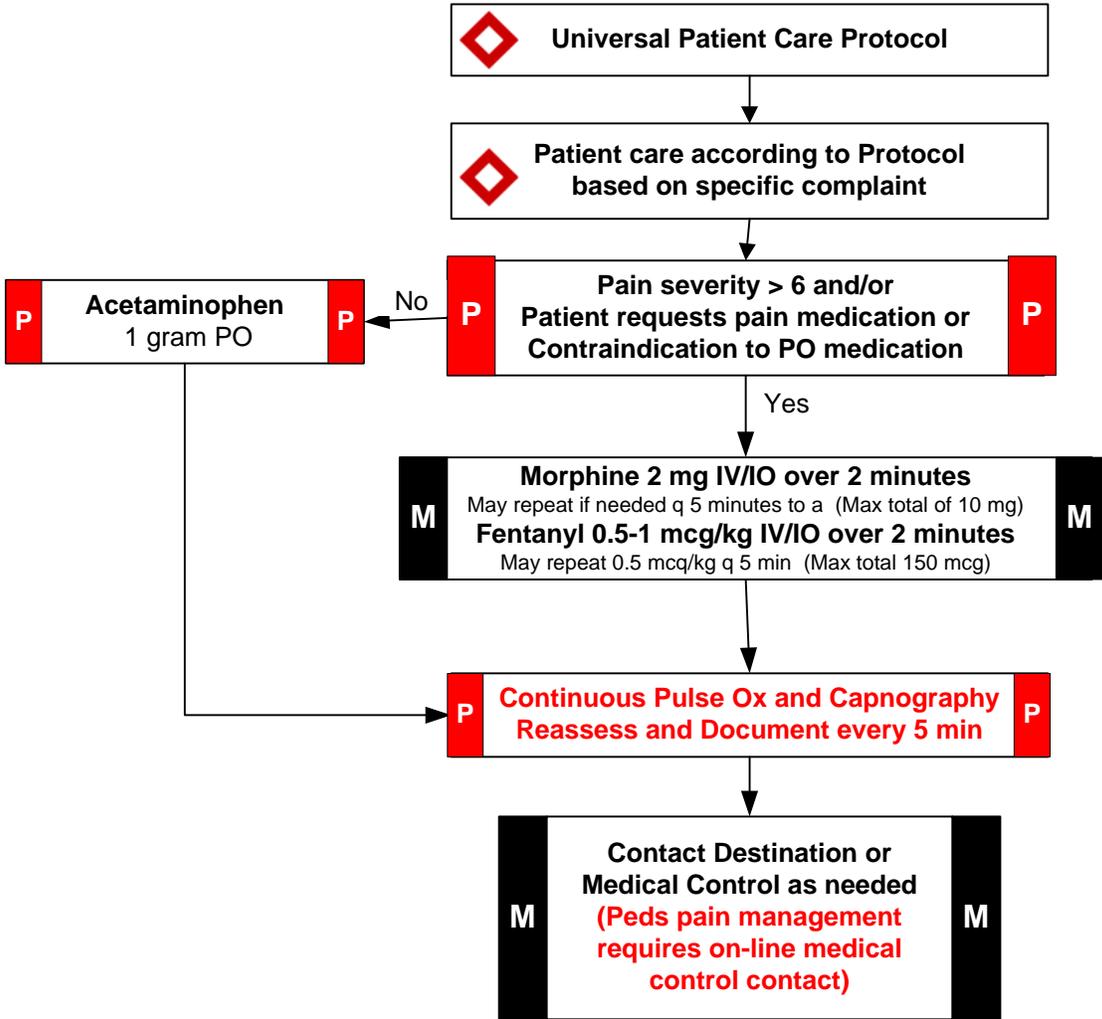




Pain Management-Adult

History: <ul style="list-style-type: none"> • Age (Adults Only Protocol) • Location • Duration • Severity (1-10) • Past Medical History • Medications • Drug allergies • Medications taken prior to arrival 	Signs and Symptoms: <ul style="list-style-type: none"> • Severity (pain scale) • Onset • Quality • Radiation • Relation to movement, respiration • Increased with palpation of area. 	Differential: <ul style="list-style-type: none"> • Per the specific protocol • Musculoskeletal, Traumatic • Visceral (abdominal) • Cardiac • Pleural / Respiratory • Neurogenic • Renal (colic) •
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S	System Responder	S
B	EMT - B	B
P	EMT-P	P
CC	EMT-CCP	CC
M	Medical Control Contact Required	M

Pearls:

- Pain severity (0-10) is a vital sign to be recorded pre and post IV or IM medication delivery and at disposition.
- In patients >60 yrs or with liver disease, reduce Fentanyl dosing by 50%.
- Vital signs should be obtained pre, 5 minutes post, and at disposition with all pain medications.
- Monitor patient closely for over sedation - refer to overdose protocol if needed
- Patients receiving pain management must have Pulse OX and ETCO2 continuously monitored.
- Head injury patients should not receive pain medication
- Do not administer Acetaminophen to patients with history of liver disease.
- Monitor for respiratory depression and hypotension associated with **Morphine and Fentanyl**. ****Pulse OX and Capnography Mandatory!**
- **Morphine and Fentanyl Doses** are to be titrated to effect, maintaining SBP >100 mmHg and/or peripheral pulses present. Always use smallest dose possible to achieve desired effect.