



Pain Control

History

- Age
- Location
- Duration
- Severity (1 - 10)
- If child use Wong-Baker faces scale
- Past medical history
- Medications
- Drug allergies

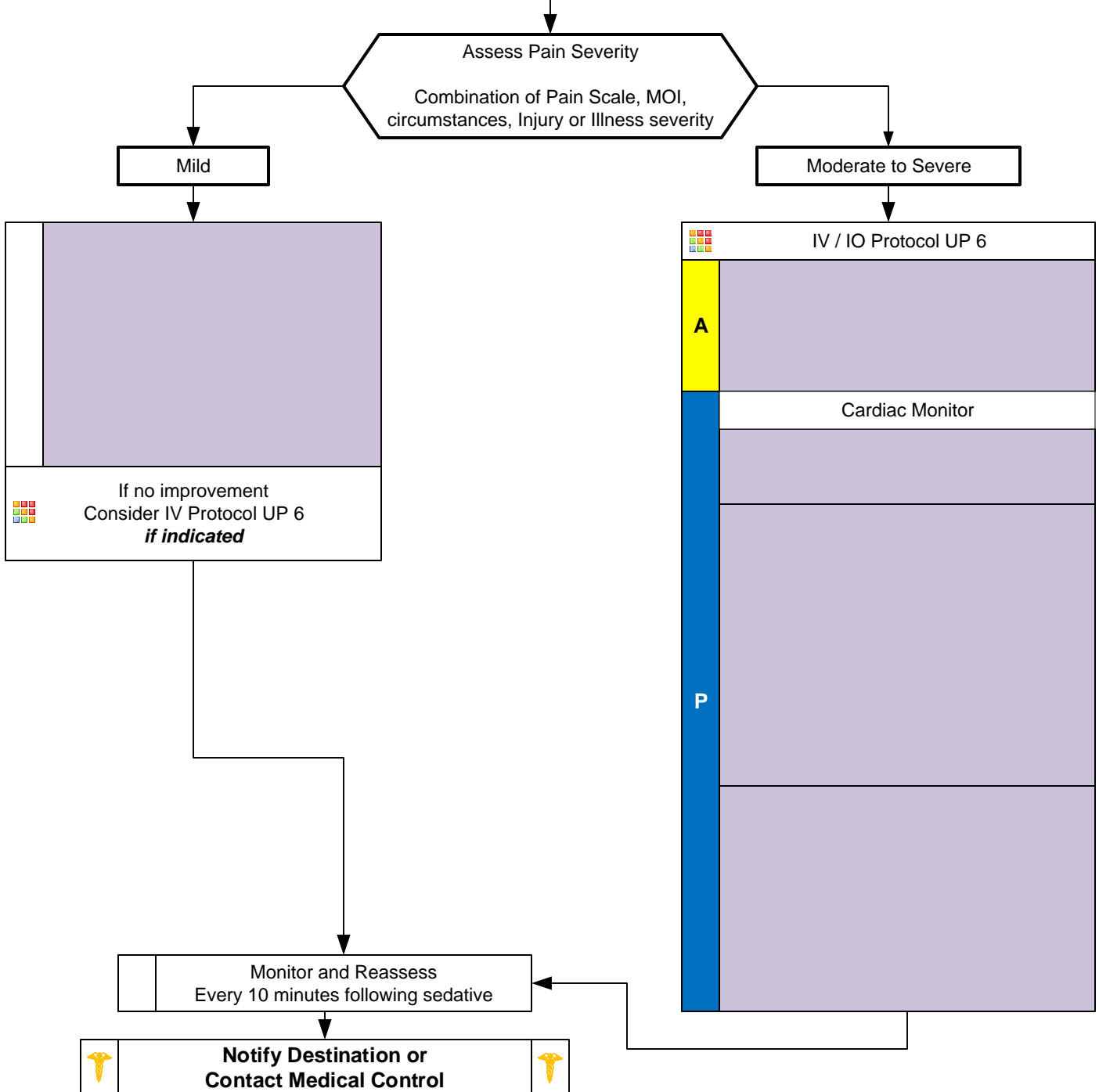
Signs and Symptoms

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

Differential

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

Specific Complaint Protocol



Universal Protocol Section



Pain Control

Pearls

- **Recommended Exam: Mental Status, Area of Pain, Neuro**
- **Pain severity (0-10) is a vital sign to be recorded before and after PO, IV, IO or IM medication delivery and at patient hand off. Monitor BP closely as sedative and pain control agents may cause hypotension.**
- **Ketamine:**
Ketamine may be used in patients who are outside a Pediatric Medication/Skill Resuscitation System product. Ketamine may be used in patients who fit within a Pediatric Medication/Skill Resuscitation System product only with DIRECT ONLINE MEDICAL ORDER, by the system MEDICAL DIRECTOR or ASSISTANT MEDICAL DIRECTOR.
- **Ketamine: appropriate indications for pain control:**
Patients who have developed opioid-tolerance. Sickle cell crisis patients with opioid-tolerance.
Patients who have obstructive sleep apnea.
May use in combination with opioids to limit total amount of opioid administration.
- **Ketamine: caution when using for pain control:**
Slow infusion or IV push over 10 minutes is associated with less side effects. Do not administer by rapid IV push.
Avoid in patients who have cardiac disease or uncontrolled hypertension.
Avoid in patients with increased intraocular pressure such as glaucoma.
Avoid use in combination with benzodiazepines due to decreased respiratory effort.
- **Both arms of the treatment may be used in concert. For patients in Moderate pain for instance, you may use the combination of an oral medication and parenteral if no contraindications are present.**
- **Pediatrics:**
For children use Wong-Baker faces scale or the FLACC score (see Assessment Pain Procedure)
Use Numeric (> 9 yrs), Wong-Baker faces (4-16yrs) or FLACC scale (0-7 yrs) as needed to assess pain
- **Vital signs should be obtained before, 10 minutes after, and at patient hand off with all pain medications.**
- All patients who receive IM or IV medications must be observed 15 minutes for drug reaction in the event no transport occurs.
- Do not administer **Acetaminophen** to patients with a history of liver disease.
- Burn patients may require higher than usual opioid doses to titrate adequate pain control.
- Consider agency-specific anti-emetic(s) for nausea and/or vomiting.