

ADULT PAIN MANAGEMENT

ALWAYS USE STANDARD PRECAUTIONS

Assess/document initial pain score and after each pain management intervention. Utilize non-pharmacological pain management as appropriate (ice, splinting, repositioning, distraction).

ALS RMC

Pain > 6?

NO

YES

Pt is > 50kg:
Acetaminophen (Tylenol / Ofirmev)
1000 mg IV
Infuse over 15-20 min.

Morphine Sulfate

- IV/IO: 5 mg slowly; MR q 5 minutes, max. dose 20 mg.
- IM: 5-10 mg; MR in 20 minutes, max. dose 20 mg

OR

Fentanyl

- IV/IO: 50 mcg slowly; MR q 5 minutes, max. dose 200 mcg.
- IN: 1 mcg/kg (administer ½ dose in each nare; max single dose = 100 mcg)
- IM: 1 mcg/kg; max single dose = 100 mcg. MR in 30 min. at ½ initial dose.

If Morphine/Fentanyl unavailable or patient unable to tolerate, consider Acetaminophen IV or:

Midazolam

- IV/IO: 1 mg slowly; MR q 3 minutes to maximum dose 0.05 mg/kg
- IN: 5 mg/1ml (2.5 mg in each nostril)
- IM: 0.1 mg/kg; MR x 1 in 10 minutes

If nausea/vomiting, consider **Ondansetron (Zofran ©)** 4mg ODT/IM or slow IV/IO over 30 seconds; MR x 1 in 10 minutes

📞 PHYSICIAN CONSULT FOR OPIOIDS

- Patients with SBP < 100
- Patients with ALOC (GCS < 15); acute onset of severe headache; multi-system trauma that includes abdominal/thoracic trauma; decreased respirations; or women in active labor
- > 20 mg **Morphine Sulfate** or > 200mcg of **Fentanyl** is needed for pain management
- Concomitant administration of **OPIOIDS** and **Midazolam**