

APPROVED: Signature On File In EMS Office  
 Executive Director

Signature On File In EMS Office  
 Medical Director

EFFECTIVE DATE 7/01/2011  
 SUPERSEDES: \_\_\_\_\_  
 REVISED: \_\_\_\_\_  
 REVIEW DATE: 7/01/2016  
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**PAIN MANAGEMENT**

- I. AUTHORITY: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE: To serve as a patient treatment standard for EMT-Is and Paramedics within their scope of practice.
- III. PROTOCOL: Every patient deserves to have their pain managed, but not necessarily treated with morphine. Consider reassurance, position of comfort, ice or heat, and gentle transport. Maintain eye contact and be truthful about painful procedures. Acknowledge the patient's fears and allow crying. Privacy and separation from parents may benefit adolescents. Maintain modesty for all. Do not attempt to completely relieve the patient's pain, but treat aggressively enough to make it bearable.

<b>STANDING ORDERS</b>	
<b>ASSESS</b>	CAB
<b>OXYGEN</b>	Oxygen delivery as appropriate
<b>MONITOR</b>	Treat rhythm as appropriate.
<b>PULSE OXIMETRY</b>	
<b>IV/IO ACCESS</b>	TKO
<b>MORPHINE</b>	Up to 5 mg slow IV/IO push. May repeat every 5-10 minutes in 2.5 mg increments slow IV/IO (if systolic BP greater than 100mmHg) to relieve pain. May give 5 – 10 mg IM if no IV/IO access <b>ONCE</b> .
	Maximum dose of Morphine for patients without Base Physician Contact is 20 mg.
<b>BASE PHYSICIAN ORDERS</b>	
<b>MORPHINE</b>	Additional Morphine per Base Physician order.

This is the official pain scale to be used in patient assessment and documented on the PCR. Using the pain scale below, pain must be documented for the initial assessment with vital signs, after medications, and after all procedures.

