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Executive Director

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Medical Director

EFFECTIVE DATE 02/02/2004
SUPERSEDES: _____
REVISED: _____
REVIEW DATE: 02/2009
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PAIN MANAGEMENT, NOS (NOT OTHERWISE SPECIFIED)

- I. AUTHORITY: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE: To serve as the treatment standard for EMT-Is and EMT-Ps in treating patients.
- 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.

STANDING ORDERS

ABCs	<u>*For pain not listed in any other protocol that requires pain management.</u>
OXYGEN:	<u>Oxygen delivery as appropriate</u>
MONITOR:	Treat rhythm as appropriate.
IV ACCESS:	TKO
MORPHINE:	<u>*For patients with ETOH intoxication, head injuries, chest, or abdominal trauma, Base Physician contact is required before Morphine may be administered</u> Up to 5 mg slow IV push then 2.5 mg increments slow IV (if systolic BP greater than 100) to relieve pain. May repeat as needed. May give 5 – 10 mg IM if no IV access Maximum dose of Morphine for patients without Base Physician Contact is 20 mg. For patients with ETOH intoxication, head injuries, chest, or abdomen trauma, Base Physician contact is required before Morphine may be administered

BASE PHYSICIAN ORDERS

MORPHINE 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.

