

# PAIN MANAGEMENT STANDING ORDER

Initiate supportive care  
Oxygen to keep sat >90%  
Position of comfort

I  
N  
C  
L  
U  
S  
I  
O  
N

Use Standing Order on patients with:

- Acute extremity injuries to include hip, pelvis, and shoulder
- Acute back pain
- Burns ≤10% BSA
- Acute flank pain

E  
X  
C  
L  
U  
S  
I  
O  
N

Do not use Standing Order on patients with:

- Decreased LOC, ETOH or drug use
- Level 1 Trauma
- Age <2 years
- Pregnancy
- Migraine
- Chronic pain

O  
R  
D  
E  
R  
S

If patient meets **inclusion** criteria:

- Initiate IV NS TKO and administer
- Morphine Sulfate IV
  - PEDS:** 0.1 mg/kg in 1-2 mg increments q 5 min. to max dose of 10 mg
  - ADULT:** 2-5 mg q 5 min. to max dose of 20 mg

**OR**

- Fentanyl IV
  - Initial dose: 1 mcg/kg
  - Subsequent doses: 0.5 mcg/kg, q 5 min to max 3 mcg/kg or 200 mcg, whichever is less.

*Do not continue dosing unless SBP remains ≥ 90mmHg, patient remains alert, and both respiratory rate and effort remain normal.*

For nausea or vomiting administer Ondansetron

- PEDS IV:** 0.1 mg/kg over 2-5 min up to a max dose of 4 mg
- ADULT IV:** 4 mg over 2-5 min. May repeat once after 15 min if no response
- ADULT PO:** 4 mg tab, may repeat once after 15 min if no response.

If patient is **excluded:**

- Contact medical direction for orders as needed.

If patient wishes to **refuse:**

- Contact medical direction or follow departmental and SAEMS protocols for refusal documentation

Utilize **age appropriate pain scale** (1 to 10) before medication administration and document data. Use scale as a measure to assess effectiveness after administration.

**Communication relay:**

- Unit number
- ETA
- Age and sex of patient
- Nature of injury/illness
- “Following Pain Management SO”

**If no improvement or condition deteriorates**, contact medical direction authority