

# PAIN MANAGEMENT STANDING ORDER

## Initiate Immediate Supportive Care:

- Oxygen to maintain O2 sat  $\geq$  94%
- Vital signs including FSBG
- Position of comfort

## INCLUSION

- Acute pain secondary to suspected illness or injury
- Burn  $<$  10% BSA (burns  $>$  10% BSA see [Burn SO](#))

## EXCLUSION

- Decreased mental status
- Age  $<$  2 years old
- Chronic Pain without acute injury

Utilize age appropriate pain scale (1 to 10 or FACES) before medication administration. Also use scale as a measure to assess effectiveness after administration, document all data.

## ORDERS

### BLS Care:

- Initiate IV access if permitted

### ALS Care:

- Administer Morphine Sulfate IV
  - **PEDS:** 0.1 mg/kg in 1-2 mg increments every 5 minutes to max dose of 10 mg
  - **ADULTS:** 2-5 mg every 5 minutes to max dose of 20 mg
- OR**
- Administer Fentanyl IV
  - Initial dose: 1 mcg/kg
  - Subsequent doses: 0.5 mcg/kg every 5 minutes to max of 3 mcg/kg OR 200 mcg total, whichever is less

***Do not continue dosing unless SBP remains  $\geq$  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 minutes up to a max of 4 mg
- **ADULT IV:** 4 mg over 2-5 minutes. May repeat once after 15 minutes if no response
- **ADULT PO:** 4 mg tablet, may repeat once after 15 minutes if no response

**If no improvement, condition deteriorates or patient wishes to refuse transport after receiving narcotic pain medication, contact medical direction authority**