

Pain / Anxiety Management

Protocol

Douglas County KS EMS System

November 2022

Referenced Procedures: None

Goals for patient care:

- Reduce discomfort and anxiety of the patient experiencing pain (medical or traumatic) through pharmacologic interventions

Medications:

| ADULT Medications: | PEDIATRIC Medications: Refer to HandTevy |
|---|--|
| <ul style="list-style-type: none">• Fentanyl: 25-100mcg IV/IO Slow Push, IM/IN (Titrate to effect, may repeat 5-10 min) (<i>Total Max. dose 400mcg</i>)• Ketamine:<ul style="list-style-type: none">• Analgesia: 0.1-0.3 mg/kg IV/IO/IM (Max dose 50mg)• Anxiety: 0.3 mg/kg IV/IO/IM (Max dose 50mg)• Midazolam:<ul style="list-style-type: none">• Analgesia: (back spasms) 1mg IVSP• Anxiety: 2mg IVSP OR IM• Morphine: 2-4 mg IV/IO/IM, q 5 min (max 10 mg)• Tetracaine: 2 drops in the affected eye repeat after 20 minutes as needed | <ul style="list-style-type: none">• Fentanyl: 1 mcg/kg, up to 100mcg. IV/IO Slow Push, IM/IN (Titrate to effect, may repeat 5-10 min) (<i>Total Max. dose 400mcg</i>)• Ketamine:<ul style="list-style-type: none">• Analgesia: 0.1-0.3 mg/kg IV/IO/IM (Max dose 50mg)• Anxiety: 0.3 mg/kg IV/IO/IM (Max dose 50mg)• Midazolam: Anxiety<ul style="list-style-type: none">• 0.05 mg/kg IVSP OR 0.1 mg/kg IM• Morphine: 0.1 mg/kg IV/IO/IM, q 5 min (max 10 mg)• Tetracaine: 1-2 drops in the affected eye repeat after 20 minutes as needed <i>Contraindicated less than 1 year old</i> |

Procedures and Interventions:

Subjectively determine patient's pain

- Clinical judgement based upon complaint, demeanor, positioning, etc.

Objectively determine patient's pain score assessment using standard pain scale

- Pediatric: Wong Baker Faces Pain Rating Scale
- Adult: Numeric Rating Scale

Ask patient about tolerability of pain and if they would like pain medication. If so and appropriate, consider use of non-pharmaceutical pain management techniques:

- Allow patient to be in position of comfort
- Ice packs (or warm if applicable)
- Immobilization and or splinting
- Verbal reassurance and emotional support from EMS provider and/or family/friend

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If non-pharmaceutical pain management techniques fail to control pain adequately, then consider the following:

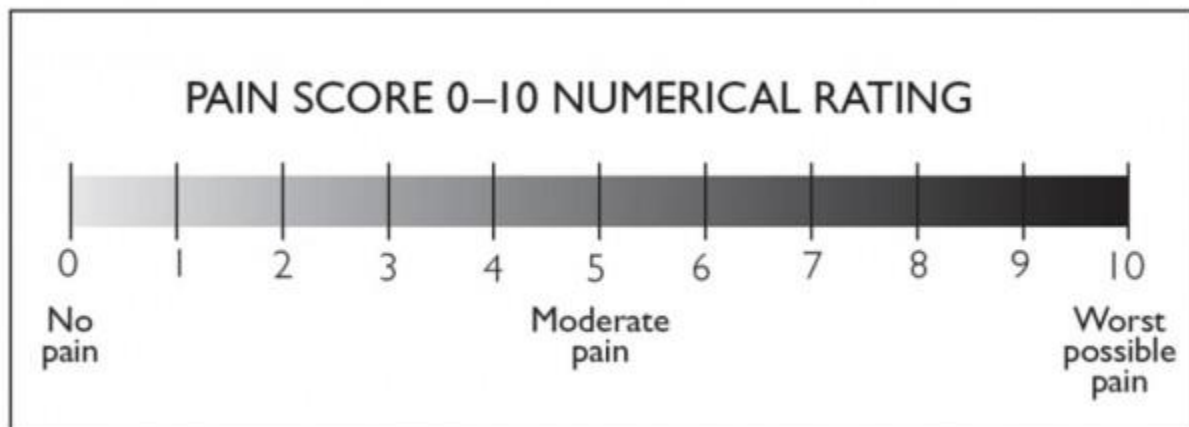
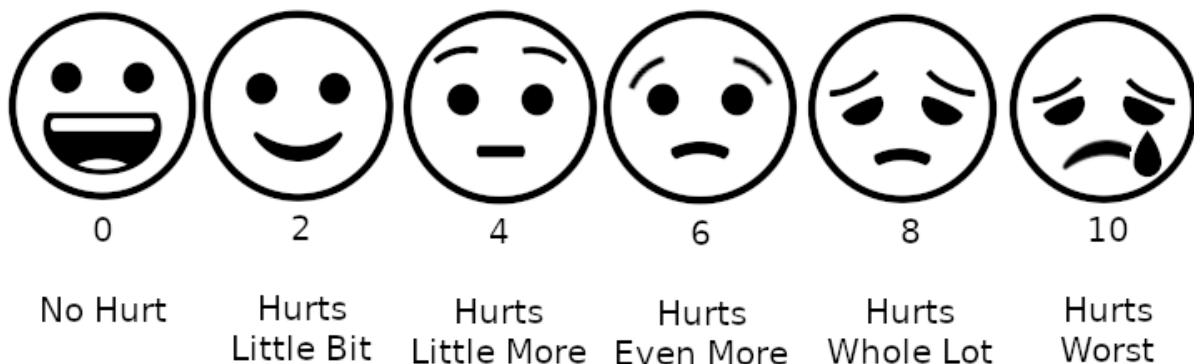
- Administration of Fentanyl
- Administration of Ketamine
- Administration of Morphine
- Use eye drops for acute eye pain/trauma (see Acute Eye Injury protocol)

Treat nausea and vomiting as they occur, not prophylactically unless there is a strong history to suggest preemptive treatment

Relative contraindication to IV pain medication administration:

- Patient with signs/symptoms of shock
- Patients with significantly altered mental status
- Pain-seeking/malingering

Reassess patient's response to pain interventions and document it



Anxiety:

Medication for anxiolysis should be only given if condition is severe, not due to a reversible cause (hypoglycemia, hypoxia, etc.) and de-escalation has not worked. Anxiolysis should be considered if patient's anxiety is significantly contributing to pain, significant distress or the condition of the patient.

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Considerations

Considerations for crews on scene prior to ambulance arrival

- Assess ABC's of patient
- Determine etiology of pain / anxiety if possible.
- Use numeric scale when determining patients' pain level (0 through 10)
- Attempt to calm patient through reassurance.
- **Ask patient if they are allergic to any medications**
- Gather patients medical history
- Give full report to arriving paramedic of all information gathered, treatments rendered, and whether the patient would like to be transported or not.