EMS Adult Protocols

<table>
<thead>
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<th>Protocol Title:</th>
<th>Pain Management</th>
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<td>Original Adoption Date:</td>
<td>08/2000</td>
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<td>Date of Most Recent Update:</td>
<td>December 26, 2013</td>
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<tr>
<td>Medical Director</td>
<td>Chad Torstenson M.D.</td>
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**Basic Treatment Guidelines:**
1. Follow initial protocols for all patients
2. Perform thorough assessment to rule out major trauma or serious medical problems.
3. Cover burns in sterile dressings
4. Immobilize and splint traumatic injuries

**Contraindications:**
Major trauma to head, chest, or abdomen with mental status or hemodynamic compromise.

**Advanced Treatment Guidelines:**
1. Administer **Fentanyl Citrate** 0.5 to 1.0 mcg/kg IV max initial dose 150 mcg repeat once for pain control, while maintaining blood pressure > 90 mm/Hg systolic or a total max dose of 200 mcg **Fentanyl Citrate** has been administered.
   - Reduce dose in elderly or debilitated patients

2. If unable to establish IV administer **Fentanyl Citrate** intranasal 1.0 mcg/kg max of 50 mcg per nares repeat once for pain control while maintaining blood pressure > 90 mm/Hg systolic or a total max dose of 200 mcg **Fentanyl Citrate** has been administered.

   or

   Administer **Fentanyl Citrate** Intramuscular 1.0 mcg/kg max of 100 mcg repeat once for pain control while maintaining blood pressure > 90 mm/Hg systolic or a total max dose of 200 mcg **Fentanyl Citrate** has been administered.

3. In isolated dislocations, consider use of **Midazolam** 1-2 mg IV for treatment of muscle spasms.
- Consult with Medical Direction for the use of **MIDAZOLAM** in penetrating injuries and fractures.

*When using Mucosal Atomization Devices (MAD) for intranasal administration, deliver half of the dose into each naris. For doses less than 1 milliliter use two separate syringes and MAD tips, this will insure accurate dosing to both nares. A single naris dose should not exceed 1 milliliter.*