A2. Analgesic

**Follow Initial Protocol for All Patients**

- **Goals:**
  - Decrease or eliminate pain
  - Make patient comfortable

- **Signs/Symptoms:**
  - Pain
  - Presumed Pain

- **Documentation Key Points:**
  - Initial pain scale
  - Pain scale reassessment after medications administered
  - Non medication attempts at relief

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- Decrease or eliminate pain
- Make patient comfortable

**Special Considerations:**
- Reduce dosage in the elderly or debilitated patients.
- If giving Ketamine for analgesic - do not re-dose if RIKER score is less (<) than 4; looking to relieve pain not sedate.

**Date of Most Recent Update:** 6/2020

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**Follow Initial Protocol for All Patients**

1. **Transport in position of comfort, if safely able to do so**

2. **Consider splinting if applicable**

3. **Record pain level**
   - Utilize I5. Pediatric Pain Assessment Tool

4. **IV access obtainable?**
   - No
   - Yes

5. **Unable to obtain IV Access**
   - **H 17. Fentanyl**
     - Adult/Pediatric: 1.0 mcg/kg IM
     - Max 100 mcg

6. **H 17. Fentanyl**
   - Pediatric: 2.0 mcg/kg IN
   - Max: 100 mcg

- **Interfacility only**
  - H22. Hydromorphone (Dilaudid)
    - Adult: 0.5-1.0 mg IV/OI
    - Repeat every 30 minutes as needed

- **Consider Ketamine if:**
  - You have administered 2 doses of fentanyl without relief
  - Severe musculoskeletal injury

- **H26. Ketamine**
  - 0.3 mg/kg IV/OI Max 25 mg
  - Mix in 100 ml H46. Normal Saline bag and run over 10 minutes
  - 911: No repeating; Interfacility: May repeat every 20 minutes as needed

- **Record pain level after treatment**

- **Record pain level and I7. RIKER scale**