

**REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Intermediate**

SMO: Pain Management

Overview: Pain is the most frequent reason people seek healthcare. Pain is an individual and unique experience, changing not only from person to person, but from minute to minute. Fear and anxiety associated with injury and illness are intensified by the presence of pain. Pain management is a desired goal of treatment. Pain relief can decrease patient anxiety and provide for comfort. Care must be taken to ensure that the treatment of pain does not result in masking of important symptoms or result in deterioration of the patient.

Conditions:

1. Chest Pain due to Acute coronary syndrome – Refer to Chest Pain protocol
2. Multisystem trauma – refer to appropriate trauma protocol
3. Severe burns – see burn protocol
4. Significant orthopedic trauma
5. Abdominal Pain

INFORMATION NEEDED

__ Patient Age

__ Pertinent Medical History

__ Pain Assessment: One of the best pain assessment techniques for gathering and recording information is by the use of the mnemonic **O-P-Q-R-S-T**:

- **Onset** – when did the pain start?
- **Provokes** - what brings on the pain?
- **Quality** - what does it feel like?
- **Region / Radiation** where is it? Where does it go?
- **Severity** - how bad is it? (Rated on a consistently used scale) (1-10 grading scale)
- **Timing** - when did it start/end? How long does it last? How long have you had it?

OBJECTIVE FINDINGS

__ General appearance

__ Mental status (AVPU), skin condition, perfusion status

__ Respiratory rate, rhythm and pattern and work of breathing (patient positioning such as tripodding)

__ Hemodynamic state Blood Pressure, perfusion status

TREATMENT

- ___ Perform patient assessment and record vital signs, level of consciousness and oxygen saturation.
- ___ Assess that patient meets the criteria for this protocol.
- ___ Ensure that there are no contraindications to use of this protocol.
- ___ Administer oxygen as required.
- ___ Cardiac Monitor
- ___ Provide care based on other protocols related to the patient's presenting complaint.
- ___ Place patient in position of comfort. If any risk of spine injury, institute spinal immobilization precautions.
- ___ Start Intravenous Line with NS at KVO
- ___ Contact Medical Control for permission to administer **Morphine 2 mg IVP**; May be given every 5 minutes prn to a maximum of 10 mg if patient's systolic BP \geq 100 mmHg and respirations \geq 12 per minute. Contact Medical Control for subsequent doses.
- ___ Repeat assessment, including vitalsigns, level of consciousness, oxygen saturation, and effect of morphine after each dose.
- ___ Repeat IV dose may be given q 5 minutes prn to a maximum total dose: 10mg with Medical Control permission.
- ___ Additional doses of morphine may be given under the direction of physician on-line medical control.
- ___ If signs of narcotic overdosage develop i.e. respiratory depression, significantly diminished mental status, Administer **Naloxone (Narcan) 2 mg IVP/IM or IO** (May be given through ET at 2 X the IV dose) NOTE: all patient's receiving narcotics and or naloxone **must be transported** to the hospital. Patients who have received narcotics are NOT considered competent to fill out refusal. Those patients who receive naloxone, the coma/depressed respirations may reoccur when the naloxone wears off.

Documentation of adherence to protocols:

- ___ Patient's presenting signs and symptoms, including vital signs, level of consciousness and oxygen saturation. Oxygen administration
- ___ Indication for protocol use.
- ___ Documentation of measures utilized to make patient more comfortable i.e. reassurance, position of comfort etc.
- ___ Dose and time for each morphine dose used, and resulting clinical effects.
- ___ Repeat assessment and vital signs, as indicated.
- ___ Changes from baseline, if any, that occur during treatment or transport
- ___ Amount of morphine discarded, if any.
- ___ Signature and license number of EMT performing care. A second signature is required from another crew member or ED RN, witnessing discarding of unused morphine (if applicable).

7/04

Reviewed:

Revised:

EMS/ Region1 SMOs

Medical Control Contact Criteria

- Contact medical control prior to administration of any narcotic with abd pain or major blood loss.
- Contact medical control for subsequent doses of Morphine.
- Contact medical control whenever a question exists as to the best treatment course for the patient.

PRECAUTIONS AND COMMENTS :

- Morphine is a potent narcotic pain medication with significant potential for abuse and addiction. EMS agencies must have a mechanism to secure and account for all narcotics.
- The major side effect of Morphine is vasodilation. It may result in hypotension especially if the patient is volume depleted. Be especially careful in the presence of major blood loss. The body's compensatory mechanisms will be suppressed by the use of morphine and the hypotensive effect will become very prominent.
- May cause vomiting; administer slowly.
- Narcan should be available.
- Morphine can cause respiratory depression. Be prepared to ventilate.
- All patient's receiving narcotics and or naloxone **must be transported** to the hospital. Patients who have received narcotics are considered not competent to fill out refusal. Those patients who receive naloxone, the coma/depressed respirations may reoccur when the naloxone wears off.

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