

PAIN MANAGEMENT ADMINISTRATIVE ORDER

Initiate immediate supportive care:

O2 to maintain sat \geq 94%
Complete primary and secondary survey as indicated
Vital Signs (FSBG and temperature as indicated)
Cardiac Monitor, as indicated

Inclusion Criteria:

- Patients with acute injuries (<72 hours) where pain management would improve outcome and/or comfort

Assess pain scale 0 to 10 before and after medication administration

Initiate IV NS/LR TKO

If normotensive, consider saline lock with NS flush
Push all meds slowly
If hypotensive, administer NS/LR 20ml/kg bolus
Reassess VS and lung sounds after every 500ml infused
May repeat as needed for continued hypotension

Morphine: IV, IM

- *Morphine* 0.1mg/kg,
 - <14 years old: Administer in 1-2 mg increments q5 minutes, may repeat to max total dose of 8mg, Hold for hypotension
 - \geq 14 years old: Administer in 1-5 mg increments q5 minutes, may repeat to max total dose of 20mg, Hold for hypotension

OR

Fentanyl: IV, IM, IN

- *Fentanyl* 0.5-1mcg/kg administer in 10-50 mcg increments, may repeat to max dose of 200 mcg, Hold for hypotension

Patients with hypotension, allergy to *Morphine or Fentanyl*, or no relief after *Morphine or Fentanyl*, consider *Ketamine*

Consider Ketamine IV

NOT to be utilized with chief complaint of Chest Pain

Ketamine 0.2mg/kg (Max 30mg on 1st dose) SIVP

- May repeat 0.2mg/kg, (Max 20mg on 2nd dose)

IF Emergence reaction

Telemetry to receiving facility for either:

Midazolam (Versed) 0.1mg/kg (max 5mg) IV (non-trauma patients)

OR

Ketamine 1mg/kg SIVP (preferred in hypotensive trauma patients)

If Nausea or vomiting, consider *Ondansetron (Zofran)*

- 0.1mg/kg (max 4mg) SIVP
- If no improvement, may repeat x 1 after 15 minutes

Notification to include:

Pain Management Administrative Order, Chief Complaint, unit number, patient age, gender, and ETA to receiving facility.
Advise if patient is unstable.