



San Benito County Emergency Medical Services Agency

PAIN MANAGEMENT

Policy : 5600
Effective : May 1, 2014
Reviewed : March 1, 2014

I. Purpose

To provide monitored pain reduction to patients having moderate to severe pain using morphine sulfate, and in some instances, Versed. In addition to relieving suffering, pain reduction has been shown to facilitate more accurate patient assessments, ease extrications, calm patients and allow field personnel to give better patient care. The purpose of this policy is to provide *pain management*, not to eliminate pain altogether.

II. Guidelines

- A. Prior to administering morphine gather a thorough patient description of the pain. This should include an accurate PQRST and 1-10 scale rating or other, age appropriate assessment tools. Gather a thorough physical assessment of the patient including vital signs, oxygen saturation, and EKG (when appropriate).
- B. Versed is to be used as an adjunctive medication to morphine, not as the primary medication for managing pain. Versed can help to reduce both the psychological and physiological response to particularly severe pain, reducing the patient's suffering and allowing responders to more easily and effectively manage the patient.

The goal of Versed use is **not** to induce heavy sedation, but rather to improve pain management. To this end, only small doses of Versed will be used after initial morphine administration is found not to provide adequate pain relief. In particular, Versed can be helpful in managing those patients who exhibit an extreme anxiety and fear response to their pain.

Responders should be aware that Versed may cause respiratory depression and hypotension, particularly when used with morphine, and should be used only in situations which truly warrant its administration. In these instances, patients should be carefully monitored for adverse reactions or over sedation.

- C. BLS measures should always be used prior to medication to reduce pain. BLS measures include, but are not limited to, cold packs, repositioning, elevation, splinting/immobilizing, psychological coaching, and bandaging.
- D. When administering morphine or Versed, monitor the patient closely. Have Narcan readily available to reverse any respiratory depression that may occur. The patient should be monitored with continuous pulse oximetry and capnography.
- E. Carefully document all medication responses in your PCR; this should include any changes in the patient’s pain status, as well as reassessments of vital signs.
- F. The preferred route of administration is IV; however, if an IV cannot be established, administer the medication IM (except for cardiac chest pain patients).
- G. Measurement of a patient’s pain is largely subjective; therefore s/he is the best determinant of the presence and severity of pain. All patients expressing verbal or behavioral indicators of pain shall have an appropriate assessment and management as indicated and allowed by this policy.
- H. This policy is specifically indicated for patients with moderate to severe pain. Make base station contact if there is any question about whether or not the patient meets inclusive criteria. Co-morbid factors such as extremes in age and significant medical problems can affect the patient’s ability to tolerate pain medication. In these cases, dosing should be adjusted accordingly.

III. Pain Management and Medication Administration

Pain Management Criteria	Base Station Contact	Treatment
A. Significant Burns	No	<p>Morphine Sulfate for adults: 2 – 5 mg slow IVP or 10 mg IM to a total of 20 mg.</p> <p>Morphine Sulfate for pediatrics: 0.1 mg/kg IV/IM (no more than 5 mg per dose) to a total of 10 mg.</p>

E. -Versed (adjunctive to morphine)

Note: second provider must assist with observation of patient and airway throughout provision of care and transport

Adults:

- Versed 1 – 2.5 mg IV/IO, or 2.5 – 5 mg IM. Make base station contact for further dosing. Monitor the patient carefully for hypotension and hypoxia.

Pediatrics:

- Versed 0.1 mg/kg IV/IO to a maximum of 2 mg total, or 0.2 mg/kg IM to a maximum of 3 mg total. Make base station contact for further dosing. Monitor the patient carefully for hypotension and hypoxia.

F. Relative Contraindications:

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| -Closed head injury | -Patients with decreased respirations |
| -Inadequate perfusion | -Evidence of hypoxia |
| -Altered mental status | -Sudden onset acute headache |