## A. Introduction

Pain is a symptom commonly encountered in the out-of-hospital setting. It represents not only a psychological stressor to the patient but is also a source of physiologic stress that might impact negatively on both the assessment and management of many chronic or acute illnesses or injuries. Pain management, therefore, may provide both physiologic and psychological support to our patients. It must be instituted with sound judgment, with consideration of the risks as well as the benefits of the treatment options.

## B. Initial Approach

*General Care*

*EMR/BLS*

1. Most moderate pain can be managed with the following:
    a) Whenever it is safe and practical, allow the patient to maintain their own position of comfort.
    b) Cover wounds to limit air circulation.
    c) Treat burns **Protocol 21**
    d) Splint extremity injuries to limit movement.
    e) Apply cold pack(s) to areas of musculoskeletal injuries.
    f) Administer Oxygen **Procedure 1** to patients presenting with Sickle Cell crises.

## C. Indications for Severe Pain Management

*General Care*

1. Isolated musculoskeletal injuries.
2. Painful crises in known Sickle Cell disease patients.
3. Burns.
4. Renal colic (kidney stones) in patients with history of the same.
5. Any other illness/injury if authorized by MCP.

## D. Severe Pain Management

*Adult Care*

*ALS*

1. Administer **Fentanyl, 50 mcg** slow IV/IO or IM. May be repeated once (50 mcg slowly) until pain relief is attained, patient becomes sedated, or blood pressure falls below 90 mmHg. Maximum total dose of 100 mcg**.** Medication 16

2. If IV/IO/IM is not available, may administer **Fentanyl** Intranasal 50 mcg via MAD (max 1 mL/nostril). May repeat dose once 50 mcg (1 mL/nostril).

   **NOTE: Use only one nostril at a time. Start with left nostril and may use the right nostril for second dose.**

   a) **Zofran 4 mg SL/SLOW IVP or IM** (Do not administer to pregnant females) Medication 33