



Legend	
	EMR
	EMT
	Intermediate
	Paramedic
	Medical Control

Prehospital pain management is **NOT** intended for general aches or pains.

EMR	<ol style="list-style-type: none"> 1. Assess pain level using the Pain Assessment Scale (0-10) or the Wong-Baker Faces Pain Rating Scale. 2. Place patient in position of comfort, or immobilize if necessary. 3. Reassure the patient. 4. Consider ice. 5. Reassess level of pain after treatment or every 15 minutes; 5 if unstable. 	EMR
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EMT	<ol style="list-style-type: none"> 1. Continue EMR care. 2. Initiate ALS intercept, if indicated. 	EMT
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I	<ol style="list-style-type: none"> 1. Continue EMT care. 2. Initiate IV/IO Isotonic Crystalloid Solution TKO. 3. Fentanyl 50 mcg SLOW IV push. If no relief, you may repeat x 1 for total dose of 100mcg. Fentanyl 50 mcg IN, if unable to access IV. May repeat x 1 for total dose of 100 mcg. 	I
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MC	P	<ol style="list-style-type: none"> 1. Continue ILS care 2. Fentanyl 50 mcg SLOW IV push. If no relief, you may repeat x 1 for total dose of 100mcg. Fentanyl 50 mcg IN, if unable to access IV. May repeat x 1 for total dose of 100 mcg. If fentanyl ineffective, give Dilaudid 0.5-1.0mg IV/IO over 2-5 minutes. May repeat in 5 minutes, max dose of 2mg. SBP must be >100mmHg. 3. Medical Control Only Ketamine for severe pain 1-2mg/kg IV/IO. 	P	MC
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