



Adult Pain Management Thinking points

- Pain, and the lack of relief from the pain, is one of the most common complaints among patients. Pain control can reduce the patient's anxiety and discomfort, making patient care easier. The patient's severity of pain **MUST** be properly assessed in order to provide appropriate relief. Managing pain clinically in the pre-hospital setting is the standard of care.
- **For patients with known renal failure, Fentanyl dose must be reduced to 25mcg.** The repeated one time to a maximum dose of 50mcg.

- **Systolic blood pressure must be >100mmHg to administer pain medications and monitored closely (checked before medication administration and 5 minutes after each dose).**
- If respiratory depression or hypotension occurs after administration of **Fentanyl or Dilaudid**, ventilate the patient as necessary and administer **Narcan**.
- Verify patient is not allergic to pharmaceutical agent prior to administration.
- Patients with a head injury/ALOC or unstable vitals **should not receive pain medications without prior authorization from Medical Control.**

- **Monitor patient for respiratory depression when administering sedatives.**
- Monitor respiratory status: SpO2 / Waveform. Capnography (if available)
- Blood pressure should be monitored closely – every 5 minutes after narcotic administration and prior to repeated doses.
- **The goal for EKG is to be obtained by all levels within 10 minutes.**
- For EMT level – obtain a 12-lead and transmit to the receiving hospital as soon as possible.

