**Adult Pain Control**

**History**
- Age
- Location and duration
- Severity (0 – 10 scale)
- Past medical history
- Pregnancy status
- Drug allergies and medications

**Signs and Symptoms**
- Severity (pain scale)
- Quality (e.g. sharp, dull, or stabbing)
- Radiation
- Relation to movement or respiration
- Increased with palpation of area

**Differential**
- Per the specific TG
- Musculoskeletal
- Visceral (abdominal)
- Cardiac
- Pleural/respiratory
- Neurogenic
- Renal (colic)

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**Assess pain severity**
Use combination of pain scale, circumstances, MOI, injury, or illness severity

**Moderate to severe pain**
- Consider IV/IO procedure
- Assess and monitor respiratory status
- Monitor continuous EtCO₂
- Apply and monitor cardiac rhythm
- **Fentanyl 25 – 50mcg IV/IO**
  - titrated in 25 – 50mcg increments to pain relief. Consider 25mcg increments in elderly patients
- **Fentanyl 100mcg IN**
  - if no IV access. May repeat once after 15 minutes
- **Fentanyl 50 – 100mcg IM**
  - if no IV access and IN route not advisable. May repeat once after 15 minutes
- **Maximum of 200mcg total**
- Monitor and reassess every 5 minutes following administration

**Mild pain**
- Position of comfort
- Apply cold pack if applicable
- Monitor and reassess

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**Refer to contraindications and cautions**

**Notify receiving facility. Contact Base Hospital for medical direction**

**Contra Costa County Emergency Medical Services**

**Effective Jan. 2019**
Pearls

- Pain severity (0 – 10 scale) is a vital sign to be recorded before and after all BLS pain control measures and ALS pain medication delivery. Monitor blood pressure and respirations closely as pain control medications may cause hypotension or respiratory distress.
- Patients may display a wide variation of response to opioid pain medication (Fentanyl). Consider the patient’s age, weight, clinical condition, other recent drugs, or alcohol and prior exposure to opiates when determining initial dosing. Minimal doses of opioids may cause respiratory depression in the elderly or those patients who weigh less.
- USE EXTREME CAUTION when administering opioids together with benzodiazepines; this combination results in a deeper level of anesthesia with a significant risk for airway and respiratory compromise.
- For chronic pain and chronic abdominal pain, use judgment before administering Fentanyl; best to allow a physician to assess the patient and determine the source of pain before opioid administration.
- Contraindications of Fentanyl include:
  - Closed head injury
  - Headache
  - Childbirth or suspected active labor
  - Altered level of consciousness
  - Respiratory failure or worsening status
  - Hypotension
    - Adults BP < 90
- At a minimum, vital signs should be obtained before medication administration, 10 minutes after administration, and before patient turnover.
- Patients who are in labor should NOT receive pain medication.
- It is strongly recommended that vascular access be established for patients who receive IM or IN medication.
- Have Naloxone available to reverse respiratory depression should it occur.
- Burn patients may require higher than usual opioid doses to achieve adequate pain control. IF A PATIENT HAS SUFFERED BURNS THAT REQUIRE TRANSPORT TO A BURN CENTER, THE PATIENT MAY REQUIRE MORE THAN THE MAXIMUM TOTAL DOSE OF FENTANYL TO ACHIEVE PAIN CONTROL. CONTACT THE BASE HOSPITAL FOR ADDITIONAL ORDERS OF FENTANYL.