

SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

Effective: 01/07/13
Supersedes: 01/01/11

Protocol: P-019

PAIN CONTROL

SUBJECTIVE FINDINGS

- Severe pain with stable vital signs and mental status, terminal illness, or chronic medical condition.
- Mechanism of injury and/ or approximate time of onset.
- Patient Care Directives:
 - Prehospital Do Not Resuscitate form or medallion.
 - "Intensity of Care Preferences" or Physician Orders for Life Sustaining Treatment (POLST) or "Comfort Care Request" form(s).
 - Consider other advance directive explicitly stating patient's wishes regarding specific treatments or resuscitative measures.
 - Consider statements from family regarding patient's wishes.

OBJECTIVE FINDINGS

- Complaints or obvious signs of discomfort:
 - Assessment of pain on a 1 to 10 scale.
 - Use visual analogue scale if able, for pediatric or non-English speaking patients.
- Vital signs (NOTE: May be significantly lower than normal in patients with terminal illness)
- Special infusion apparatus: narcotic or oncology agents
- No sign of head injury or potential multi-system trauma
- Mental status stable

BLS Treatment	ALS Treatment
<ul style="list-style-type: none">• Routine Medical Care.• For trauma, refer to TRAUMA Protocols.• For burns, refer to BURN Protocol (P-008).• Comfort and reassure patient, position of comfort when appropriate.• Maintain special infusion apparatus at pre-set rates .	<ul style="list-style-type: none">• IV of NS.• Morphine sulfate 4 mg slow IVP as needed for discomfort, may repeat as indicated if SBP \geq 90 mmHg, to total dose of 20 mg. If no IV or IO access obtained: Morphine sulfate 5 or 10 mg IM. May repeat dose x 1 in 20" prn pain to a max of 15 mg IM.• Ondansetron ODT 8 mg dissolved on the tongue or Ondansetron 4 mg IV/IM as needed for nausea/vomiting. May be repeated q 20" to a maximum dose of 12 mg.
BASE HOSPITAL CONTACT CRITERIA	
<ul style="list-style-type: none">• Requests for more than 20 mg of Morphine sulfate IV or 15 mg IM.• When considering administering Morphine Sulfate when the SBP is < 90.	

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DOCUMENTATION

- Patient's pain documented on 1 to 10 or visual analogue scale.
- Base station contact documented for **Morphine sulfate** doses greater than 20 mg.

PRECAUTIONS AND COMMENTS

- If prior arrangements have been made through a hospice/home care program every attempt should be made to transport the patient to that facility which is most familiar with the patient's treatment plan and the patient's, family's wishes.
- **Patients may NOT be released AMA after receiving IM or IV Morphine.**