

- Place in position of greatest comfort
- Ice/Cool & elevate the extremity
- Splint fractures or deformities

Mild to Moderate Pain (*if available*):

A	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="background-color: #00FFFF; padding: 5px;">Acetaminophen</td></tr> <tr><td style="padding: 5px;">650-1000 mg PO 1 gram IV/IO</td></tr> <tr><td style="background-color: #FFC0CB; padding: 5px;">Peds: 15 mg/kg PO or IV</td></tr> <tr><td style="background-color: #D3D3D3; padding: 5px;">Repeat: None</td></tr> </table>	Acetaminophen	650-1000 mg PO 1 gram IV/IO	Peds: 15 mg/kg PO or IV	Repeat: None	or	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="background-color: #00FFFF; padding: 5px;">Ibuprofen</td></tr> <tr><td style="padding: 5px;">400 mg PO</td></tr> <tr><td style="background-color: #FFC0CB; padding: 5px;">Peds: 10 mg/kg PO</td></tr> <tr><td style="background-color: #D3D3D3; padding: 5px;">Repeat: None</td></tr> </table>	Ibuprofen	400 mg PO	Peds: 10 mg/kg PO	Repeat: None	or	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="background-color: #00FFFF; padding: 5px;">Toradol (ketorolac)</td></tr> <tr><td style="padding: 5px;">7.5-15 mg IV/IO <u>or</u> 30 mg IM</td></tr> <tr><td style="background-color: #FFC0CB; padding: 5px;">Peds: Do not use</td></tr> <tr><td style="background-color: #D3D3D3; padding: 5px;">Repeat: None</td></tr> </table>	Toradol (ketorolac)	7.5-15 mg IV/IO <u>or</u> 30 mg IM	Peds: Do not use	Repeat: None
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Severe Pain ($\geq 7/10$):

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Continued/Intractable Pain

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STOP! If narcotics and/or ketamine given →

- Consider **HALF-DOSE** in elderly/opiate naive patients.
- Naloxone [Narcan] must be immediately available [**H-09**]
- Continuous pulse oximetry & ECG should be used
- Capnography (*if available*) should be used if >1 dose of narcotics or other sedatives are given
- Consider coadministration of nausea meds [**M-01**] with Narcotics or Ketamine

NOTE: Mix Ketamine IV/IO dose in small bag of IV fluid and drip in over a few minutes

For the treatment of **moderate to severe ACUTE pain** *with*

- Traumatic injury with obvious deformity or significant mechanism *or*
- Concerning non-traumatic acute pain in the appropriate clinical setting.

Contraindications (in addition to prior allergy/reaction)

Acetaminophen

Liver disease/cirrhosis

Ibuprofen

NSAID/Aspirin allergy

Toradol

Renal/Kidney dysfunction

History of GI bleed

Active bleeding/major trauma patient

Pregnancy

Notes:

- Use good clinical judgment and consider withholding sedating medications or use extreme caution (titrating slowly to effect) in patients with/who may develop:
 - Head trauma or decreased/altered LOC
 - Respiratory depression/distress
 - Hypotension or signs of hemodynamic instability
- The objective of pain management is not the removal of all pain, but rather, to make the patient's pain tolerable enough to allow for adequate assessment, treatment and transport
- Reevaluate the patient frequently → Monitor for signs of respiratory depression or decreased level of consciousness, as well as any hemodynamic changes.
- Respiratory depression, including apnea, may occur suddenly and without warning and is more common in children and the elderly.
- **Coadministration of opioids and benzodiazepines (or other sedating medications) is discouraged and may only be done with direct physician verbal order.**
- Chest wall rigidity has been reported with rapid administration of fentanyl.

QI Review Parameters:

1. Supportive Measures performed & documented? (Splinting, position of comfort, ice, etc.)
2. Appropriate Type of Medication given for indication/pain score?
3. Dose and Route of Medication appropriate?
4. Pulse Oximetry used and documented with sedating medications?
5. EtCO₂ used if more than one dose of narcotic given (*or documented as 'not available'*)?