Pain Control: Adult

**History**
- Age
- Location
- Duration
- Severity (1-10)
- If child use Wong-Baker faces scale
- Past medical history
- Medications
- Drug allergies

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

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

**Pearls**
- **Recommended Exam:** Mental Status, Area of Pain, Neuro
- Pain severity (0-10) is a vital sign to be recorded pre and post IV or IM medication delivery and at disposition.
- Vital signs should be obtained pre, 15 minutes post, and at disposition with all pain medications.
- Patients with presumed kidney stone should first receive Toradol. A narcotic may then be considered.
- Contraindications to the use of a narcotic include hypotension, head injury, respiratory distress or severe COPD.
- Ketorolac (Toradol) and Ibuprofen should not be used in patients with known renal disease or renal transplant, in patients who have known drug allergies to NSAID’s (non-steroidal anti-inflammatory medications), with active bleeding, or in patients who may need surgical intervention such as open fractures or fracture deformities.
- All patients should have drug allergies documented prior to administering pain medications.
- All patients who receive IM or IV medications must be observed 15 minutes for drug reaction.
- Ibuprofen or Ketorolac should not be given for headaches or abdominal pain, history of gastritis, stomach ulcers, fracture, or if patient will require sedation
- Do not administer any PO medications for patients who may need surgical intervention such as open fractures or fracture deformities, headaches, or abdominal pain.
- Do not administer Acetaminophen to patients with a history of liver disease.
- See drug list for other contraindications for Narcotics, Acetaminophen, Nitrous Oxide, Ketorolac, and Ibuprofen.

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**Universal Patient Care Protocol**

Patient care according to **Protocol** based on **Specific Complaint**

**Pain Severity > 6 out of 10 or Indication for IV / IM Medication**

- **B** Pulse oximetry
- **I** IV protocol if IV medication
- **P** If available consider
  - **I** Ketorolac
  - **P** Nitrous Oxide
  - Morphine or, Fentanyl or, Dilaudid
- **B** Must reassess patient at least every 15 minutes after sedative medication

**Notify Destination or Contact MC**

**Legend**
- MR
- EMT
- EMT- I
- EMT- P
- Medical Control

**Protocol 10**

Any local EMS System changes to this document must follow the NC OEMS Protocol Change Policy and be approved by OEMS 2009