



PROTOCOL

Provider order required? [] Yes [X] No	
TITLE:	PAIN MANAGEMENT AND ANXIOLYSIS
STATEMENT:	<p>To provide adequate and consistent pain management.</p> <p>Patients may experience pain due to their underlying illness or injury, or as the result of stimuli present in the care setting from monitoring and therapeutic interventions. The primary goal in pain management is to optimize patient comfort which can attenuate negative physiologic responses including hypermetabolism and alterations in immune function.</p> <p>Anxiolysis is indicated to maximize patient comfort for patients that are intubated, receiving chemical paralysis, or anxiety.</p>
PROTOCOLS:	PAIN MANAGEMENT AND ANXIOLYSIS
SCOPE:	BLS, ALS, Critical Care
RELATED DOCUMENTS:	<p>Scope of Practice</p> <p>General Medical</p> <p>Medical Control</p>

Provider order required? [] Yes [X] No	
PROTOCOL I:	PAIN MANAGEMENT AND ANXIOLYSIS
CRITERIA FOR INTERVENTION:	Assessment and management of pain and anxiolysis through use of appropriate pain scales when treated and transported by Magic Valley Paramedics crew.

CLINICAL TREATMENT GUIDELINES:

- I. Assess pain level using the appropriate pain scale
- II. Determine etiology of pain
- III. When treating pain, begin with the most appropriate, least invasive intervention first:
 - a. Cognitive measures
 - b. Repositioning
 - c. Splinting
 - d. Massage
- IV. Analgesia
 - a. Adult/Pediatrics:
 - i. Consider **Fentanyl** (preferred for OB patient)
 - ii. Consider **Morphine**
 - iii. Consider **Ketamine**

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- V. Reassess and document pain scale, patient response, objective indicators, and vital signs pre and post intervention of pain
 - a. All Pain Scales ≥ 3 must be reassessed and addressed every 15 minutes until such a time that the pain scale is < 3 on a 0-10 pain scale
 - b. If patient declines need for ANY further intervention document this request in the patient care record
 - c. Intervention for pain management does not have to be medication based, refer to III above
- VI. Anxiolysis
 - a. Adult/Pediatric:
 - i. Consider Lorazepam
 - ii. Consider Midazolam
 - iii. Consider Ketamine
 - iv. Consider Diazepam

SPECIAL CONSIDERATIONS:

- I. Pain is often a subjective assessment based on what the patient describes. Transport staff must recognize that every patient's experience, perception, and tolerance of pain is unique.
- II. Opioids are first line agents. The effects of opioids are often potentiated by anxiolysis medications.
- III. Ketamine is the preferred agent in hypoperfusion or bronchospasm.
- IV. Use opioids and benzodiazepines with caution in potential hypoperfusion states, respiratory depression, or in the specific setting of pre-arrest.