

# TMC PAIN MANAGEMENT ADMINISTRATIVE ORDER

Initiate Immediate Supportive Care:

- O2 to maintain sat  $\geq$  94 %
- Complete primary and secondary survey as indicated
- Cardiac monitor, vital signs including fingerstick blood glucose and temperature as indicated

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Use Administrative Order on patients with:

- Acute extremity injuries to include but not limited to hip, pelvic, and shoulder
- Acute back pain
- Burns  $\leq$  10% BSA
- Eye injuries
- Acute flank Pain
- Snake Bites

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Do not use Administrative Order on patients with:

- Decreased mental status
- Pregnancy
- Migraines
- PEDS  $\leq$  2 years old

Assess pain scale 0-10 before medication administration Reassess pain scale and vitals 5 minutes after delivering each dose of medication

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**Initiate IV/IO NS TKO**

**Ondansetron IV/IO for nausea or vomiting**

- **PEDS: (2 years  $\geq$  16 years)** 0.1mg/kg over 2-5mg up to a max dose of 4mg
- **ADULT:** 4mg over 2-5 min. May repeat once after 15 min if no response

**Morphine Sulfate IV/IO**

- **PEDS:** 0.1mg/kg in increments of 1-2mg q5 min to a max dose of 10 mg
- **ADULT:** 2-5 mg q5 min up to a max dose of 20 mg

**Fentanyl IV/IN/IO**

- **PEDS: (2 years  $\geq$  16 years)** 1mcg/kg **SLOW** (given over 2-5minutes) Not to exceed 50 mcg, every one hour as needed  
Intranasal dosing =  $\frac{1}{2}$  of dose per nostril
- **Adult:** 25-50 mcg **SLOW** (given over 2 minutes) (max individual dose of 50 mcg). Titrate to relief of pain. May repeat every 5 minutes to a max total dose of 200mcg.
- Intranasal dosing max 1ml per nostril

Do not continue dosing unless SBP remains  $\geq$ 90mmHg, patient remains alert, and both respiratory rate and effort remain normal.