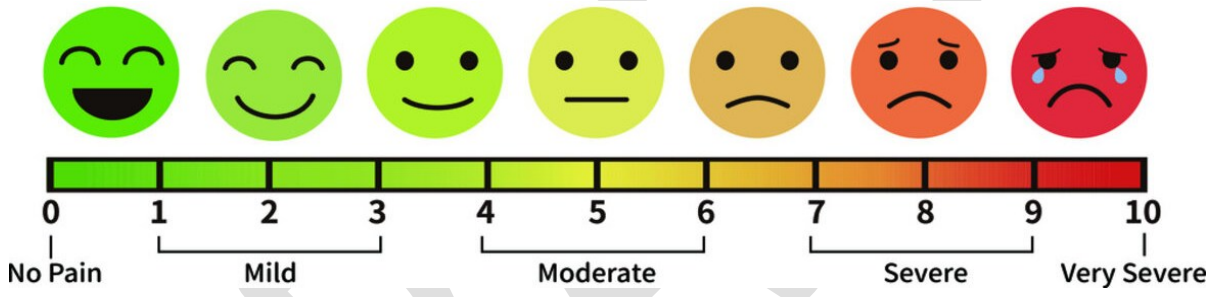


2.09 PAIN & NAUSEA CONTROL EMSAC 2026

BLS Management Treatment
<ul style="list-style-type: none"> Assess ABC's, vital signs, Oxygen PRN (goal >94%) Position of comfort Obtain relevant history: Onset, Provocation, Quality, Radiation, Severity Time Application of ice packs/splint for pain secondary to trauma For nausea, consider inhalation of alcohol prep swab (~1-2cm away from nostrils; peak effect 4 minutes) NPO Oxygen as indicated
ALS Management Treatment
<ul style="list-style-type: none"> IV/IO with Normal Saline TKO For nausea/vomiting, consider administering Ondansetron If possible, use pain scale to guide treatment:
 <p style="text-align: center;">0 1 2 3 4 5 6 7 8 9 10</p> <p style="text-align: center;">No Pain Mild Moderate Severe Very Severe</p>
<p>Mild (1-3) to Moderate (4-6):</p> <ul style="list-style-type: none"> PO Ibuprofen OR IV/IM Ketorolac <p>Moderate (4-6) or Severe/Very severe (7-10):</p> <ul style="list-style-type: none"> IV/IM Ketorolac (non-traumatic) IV/IN/IO Ketamine OR IV/IM/IN/IO Fentanyl (can be used in conjunction with Ibuprofen and/or Ketorolac) Ondansetron as needed Document pain score and vital signs before and after medication administration on PCR
Comments Notes
<ul style="list-style-type: none"> When possible, utilizing a pain scale in determining pain level is preferred. As a general guideline: <ul style="list-style-type: none"> Mild to Moderate Pain: Score 1-3 Moderate to Severe Pain: Score 4-6 Severe Pain: Score 7-10 Use of non-narcotic pain medication is preferred at all levels of pain Ketorolac may be given sequentially with either Ketamine or Fentanyl as a secondary medication DO NOT co-administer Fentanyl and Ketamine at the same time. If administering Fentanyl and Ketamine to the same patient, administer 15 minutes after completion of the first dose.

- ~~Ketamine should NOT not be combined with Fentanyl!~~
- ~~For mild to moderate pain that is refractory to **Ibuprofen** and/or **Ketorolac** consider **Fentanyl** titrating to effect (in accordance with medication guidelines)~~
- ~~**Fentanyl** or **Midazolam** may act synergistically to cause respiratory depression and should not be combined unless seizures or other indications for midazolam use is present. Contact Base Hospital MD for consultation if needed for this combined use~~
- If administering utilizing ~~two (2) or more doses of **Fentanyl** or **Ketamine**~~, patient must be placed on cardiac monitoring with SpO2, EtCO2 and monitoring of patients LOC. ~~placed on continuous end tidal CO2 monitoring.~~ A trend of increasing EtCO2 readings (2 or more readings, 10% or more, above baseline) indicates the need for immediate re-assessment of patient's respiratory status to include rate and depth of respirations. Ventilatory support should be provided as necessary to return ETCO2 to baseline
- ~~All injectable pain medications shall be cross-checked with a Paramedic (secondarily an EMT) for correct medication and dose at time of administration unless transporting in the back of an ambulance without a second attendant~~
- ~~Consider Midazolam for premedication before cardioversion, external pacing, and other painful procedures. 5mg IM x 1 or 5 mg slow push IV/IO. Maximum dose 5 mg IV/IO~~

Base Hospital Contact

- If a patient is requesting to be released AGAINST MEDICAL ADVICE after ~~Unless a patient is enrolled in hospice, they can NOT be patients may NOT be released AMA after~~ receiving Fentanyl or Ketamine, ~~without.~~ EXCEPTION are hospice patients (<<insert policy#>>) who prefer to remain in place.
- If **Midazolam** is administered after **Fentanyl** (except as indicated for seizure). The combination of these two medications may act synergistically to cause respiratory depression.

San Francisco EMS Agency
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Supersedes 10/1/24