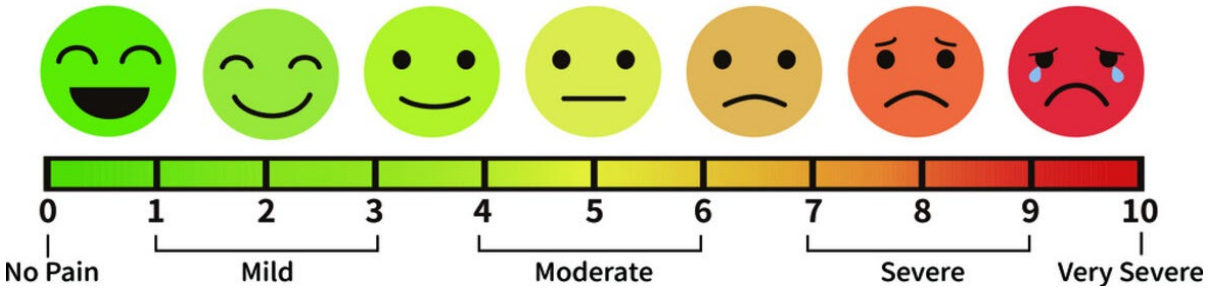
2.09 PAIN & NAUSEA

BLS Management

- 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

ALS Management

- IV/IO with **Normal Saline** TKO
- For nausea/vomiting, consider administering **Ondansetron**
- If possible, use pain scale to guide treatment:



Mild (1-3) to Moderate (4-6):

- PO **Ibuprofen** OR
- IV/IM **Ketorolac**

Moderate (4-6) or Severe/Very severe (7-10):

- IV/IM **Ketorolac** (non-traumatic)
- IV/IN/IO **Ketamine** OR
- IV/IM/IN/IO **Fentanyl** Document pain score and vital signs before and after medication administration

Comments

- 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.
- If administering **Fentanyl** or **Ketamine ,** patient must be placed on cardiac monitoring with SpO2, EtCO2 and monitoring of patients LOC.

Base Hospital Contact

- If a patient is requesting to be released AGAINST MEDICAL ADVICE after receiving Fentanyl or Ketamine EXCEPTION are **Hospice** patients 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.