

Pain Management Strategy

2012 Maine EMS
Pain Protocols

ED Opioid Guidelines

Adjunctive therapies

Reassurance
Position of comfort (immobilize)
ICE
Distraction

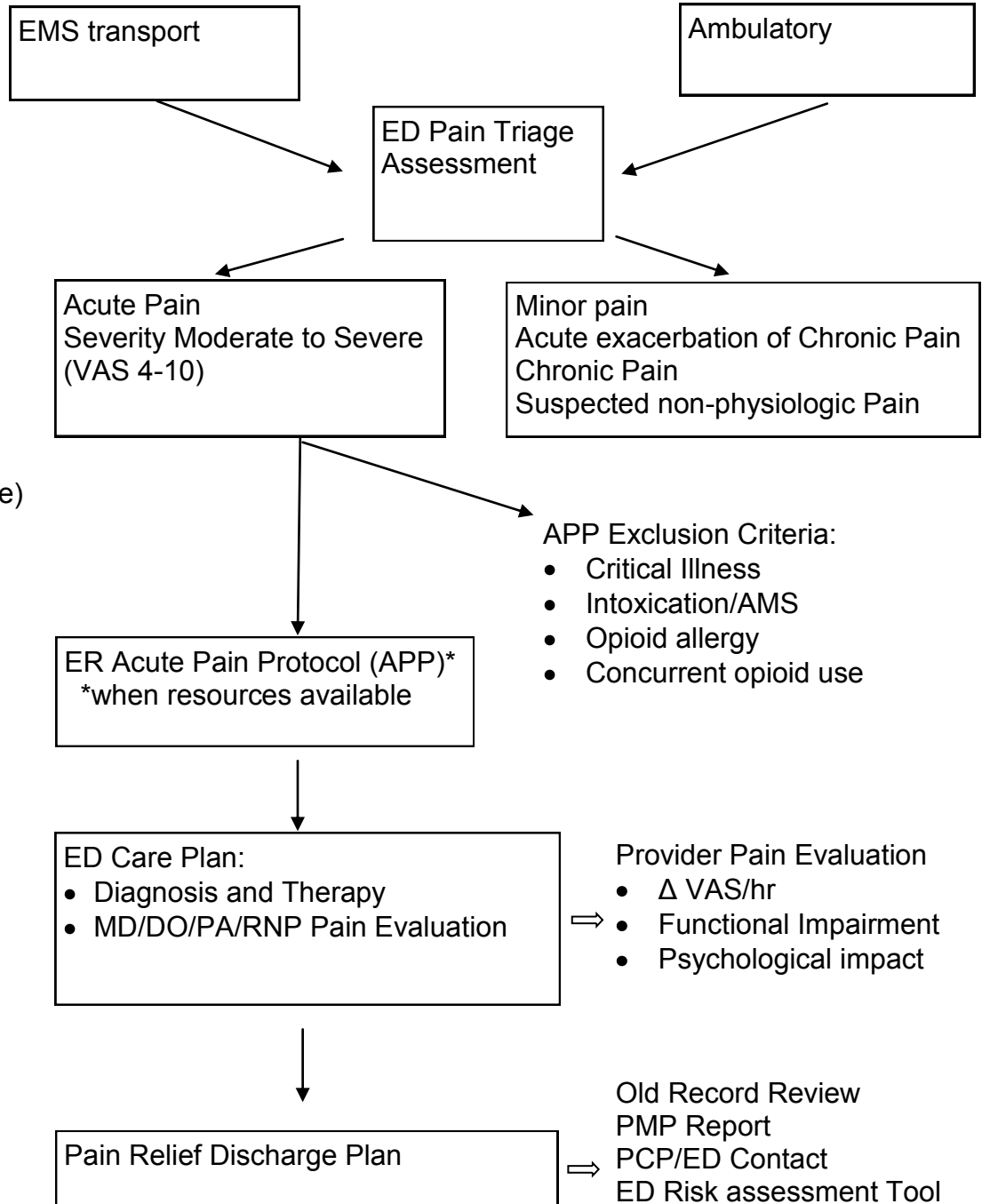
Medication options

APAP
Anti-inflammatories
 Ibuprofen
 Ketorolac
Skeletal Muscle relaxants
Opioids

Morphine
Fentanyl
Hydromorphone

Adjuncts

Anesthetics (blocks)
Anti-histamines
Anti-emetics
Anxiolytics



ED Acute Pain Management Strategy

The ED Acute Pain Management initiative is designed to empower front end nursing staff to initiate pain management strategies as soon as possible.

Principles

The goal of the *ED Acute Pain Management initiative* is to identify uncomplicated patients with new onset pain that can be managed with typical doses of analgesics in a streamlined manner prior to the completed assessment. Those patients that do not meet inclusion criteria may still require an accelerated assessment and/or rapid analgesia.

The overall outcome metric is to increase the percentage of patients that report a greater than 50% reduction in pain within one hour of presentation.

Once patients with acute moderate to severe are identified at triage, they are grouped into low or high-risk patients and provided opioid analgesics in the high or low dose range respectively based upon their age, co-morbidities and weight.

Patients should receive at least two doses of parenteral medication within the first hour if the target goal has not been reached and further dosing is requested. Patients should be explicitly asked if they would like more pain medication regardless of their VAS until a 50% reduction has been achieved. If the end target is not met after the administration of 3 doses of weight based IV Fentanyl (with appropriate re-assessments), physician engagement is required for further management.

Intravenous opioids are the preferred route and agent however if appropriate resources are not available (e.g. stretcher, nursing support), the patient may be provided alternatives such as oral medications. Fentanyl is the preferred agent based upon its kinetics and side effect profile.

While the acute pain protocol is meant to be diagnosis independent, certain diagnoses may be excluded such as dental pain if clear superior adjunctive therapy (e.g. dental block) is available in a timely manner.

Inclusion Criteria:

- Inclusion criteria: Moderate and Severe pain (Pain Scale of >4)
- Meets no Exclusion criteria

Exclusion criteria:

- Critical Illness
- Altered Mental Status/Intoxication
- Chronic pain or frequent Acute exacerbation of Chronic pain
- Opioids taken prior to ED
- Opioid allergy (true allergy described)
- Standing Pain contracts
- Nursing considerations

- Provider concern/clinical impression
 - Behaviors observed inconsistent with reported pain (must document specific concerns)
 - High risk for diversion, non-medical use

General guidelines:

- **RN and/or Physician staff are encouraged to activate the ED Acute Pain Management order set for patients identified in triage or upon being roomed as having a pain score >4.**
- **Activation requires either verbal or written verification by physician staff.**
- **A physician does not need to see/evaluate the patient prior to medication administration.**
- **During periods of high volume and long delays, there is an option for the administration of PO pain medications. This can be done for the “right” patients in the waiting room.**
- **Once activated the pain protocol calls for vital sign and pain re-assessment every 20min post IV narcotic pain medicine administration (for a total of 3 re-evaluations)**
- **The ultimate success of this protocol is tied directly to RN engagement. It is meant to be a tool for treating RNs to use in order to deliver their patients the most effective pain management strategies available, in a time sensitive manner.**
- **The order set is designed to guide front end providers to the right medication and dose, based on age, co-morbidities and weight.**

Re-Assessments

Note: The protocol asks providers to re-assess vital signs and pain scores 20min post the administration of IV Narcotics for a total of 3 administrations and with subsequent re-evaluations.

- Pain Scores will be visible on the ASAP tracker board to help guide interventions
- Upon re-evaluation, A standardized script is:
 - “Previously you reported a _ out of 10 for your severity of discomfort. Now, on a scale of 0-10 where ten is the maximal discomfort imaginable please rate your current severity. Would you like pain medication?”