

PAIN MANAGEMENT STANDING ORDER

INITIATE SUPPORTIVE CARE

OXYGEN TO KEEP SAT > 90 %
POSITION OF COMFORT

USE STANDING ORDER ON PATIENTS WITH:

- ACUTE EXTREMITY INJURIES TO INCLUDE HIP, PELVIS, AND SHOULDER
- RECENT TRAUMATIC BACK PAIN < 72 HOURS
- BURNS ≤ 10 % BSA

DO NOT USE STANDING ORDER ON PATIENTS WITH:

- DECREASED LOC; ETOH OR DRUG USE
- MEETS LEVEL I TRAUMA TRIAGE CRITERIA
- PEDS < 2 YEARS OLD
- PREGNANCY
- MIGRAINES
- FLANK PAIN

Utilize age appropriate pain scale (1 to 10) before morphine administration and document data. Use scale as a measure to assess effectiveness after

IF PATIENT IS EXCLUDED:

CONTACT MEDICAL DIRECTION FOR ORDERS AS NEEDED

IF PATIENT WISHES TO REFUSE:

CONTACT MEDICAL DIRECTION AND FOLLOW DEPARTMENTAL AND SAEMS PROTOCOLS FOR REFUSAL DOCUMENTATION

IF PATIENT MEETS CRITERIA:

- Initiate IV of NS TKO

Administer Morphine Sulfate:

PEDS: IV 0.1 mg/kg in increments of 1-2 mg Q5 min to a max dose of 10mg

ADULT: IV 2-5 mg Q5 min up to a max dose of 20mg

If systolic BP remains ≥ 90mmhg, RR remains ≥ 12, or until pain is relieved

For nausea or vomiting administer

Ondansetron:

PEDS: IV 0.1 mg/kg over 2-5 min up to a max dose of 4 mg

Or

PO 0.1 mg/kg up to a max dose of 4mg. (Can mix with medication flavoring). May repeat once after 15 min if no response.

ADULT: IV 4mg over 2-5 min. May repeat once after 15 min if no response.

MEDS COMMUNICATION:

- UNIT NUMBER
- ETA
- AGE AND SEX OF PATIENT
- NATURE OF INJURY
- "FOLLOWING PAIN S.O."

IF NO IMPROVEMENT OR CONDITION DETERIORATES:

CONTACT MEDICAL DIRECTION IMMEDIATELY