

PAIN MANAGEMENT STANDING ORDER

INITIATE SUPPORTIVE CARE
OXYGEN TO KEEP SAT > 90 %
POSITION OF COMFORT

USE STANDING ORDERS 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 ORDERS ON PATIENTS WITH:

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

Assess pain scale 1 to 10 before morphine administration and document data. Use scale as a measure to assess effectiveness after administration.

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

MEDS COMMUNICATION:

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

IF PATIENT MEETS CRITERIA:

- Initiate IV of NS T.K.O

ADMINISTER MORPHINE SULFATE:

PEDS: IV 0.1mg/kg IN INCREMENTS OF 1-2mg Q 5 MIN TO A MAX DOSE OF 10mg
ADULT: IV 2-5mg Q 5 MIN UP TO A MAX DOSE OF 20mg

IF SYSTOLIC BP remains ≥ 90mmhg, RR remains ≥ 12, OR UNTIL PAIN IS RELIEVED

IF PATIENT IMPROVES:
NO NEED FOR RE-CONTACT TO RECEIVING FACILITY

IF NO IMPROVEMENT OR CONDITION DETERIORATES:
CONTACT MEDICAL DIRECTION IMMEDIATELY