

**MEHLVILLE FIRE PROTECTION DISTRICT  
EMERGENCY MEDICAL SERVICES  
GUIDELINES FOR PREHOSPITAL EMERGENCY CARE**

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**SUBJECT: 1100.01  
MISCELLANEOUS:  
PAIN MANAGMENT**

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**Pre-Hospital Options (Adults only):**

1. Morphine up to a total of 5mg IV/IM. May repeat an additional dose of up to 5 mg (for a total of 10 mg total). For further doses, contact medical control.
2. Toradol 30 IV or 60mg IM.
3. Nitrous Oxide for self-administration by the patient.
4. Fentanyl 1 mcg/Kg slow IVP. Max dose 100 mcg. For further doses contact medical control. Fentanyl may be given using the MAD intranasal device if authorized by medical control. The dose is typically 1.5 mcg/Kg up to maximum dose of 50 mcg. Additional doses should not be repeated for at least 10 minutes.

**Call medical control for all pediatric medication orders.**

**Considerations:**

- A. Common conditions, which require intervention for pain, include chest pain unrelieved by nitroglycerine, abdominal pain, orthopedic injuries, and amputations. Therapy is not indicated for the unconscious patient or patients with head injury, respiratory depression or in conjunction with other depressant drugs. Narcotic pain medications are preferred when treating abdominal pain. Pain medications **should not** be withheld from patients with significant abdominal pain out of fear they will make diagnosis in the ER difficult.
- B. In the event that undue respiratory depression and/or hypotension develop, Opiates may be counteracted by administration of Narcan/naloxone 0.4 - 2 mg IV or IO; repeat as indicated. Narcan/Naloxone may also be administered using the Mucosal Atomization Device (MAD). When using the MAD, 1mg should be sprayed into each nostril. The MAD device may be used as the primary delivery mechanism for Narcan/Naloxone, but additional doses should be given IV or IO.

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C. Nitrous oxide: Nitrous Oxide is an inert gas that has been used for many years as an inhaled analgesic - anesthetic. It is safe and effective for acute pain management. The only major body system significantly affected is the CNS. The greatest risk during use of high concentration is inducing hypoxemia. A 50-50 mixture of nitrous oxide - oxygen may be provided on an "as needed" basis prior to contacting Medical Direction within the following guidelines:

1. The patient is alert with stable vital signs.
2. Age > 16 years and < 65.  
(Note: Nitrous may be administered to children under the age of sixteen with an order from Medical Direction).
3. Presence of specific uni-system injuries.
  - Acute extremity fractures, dislocations or sprains
  - Burns; with no suspected inhalation injury or hypoxia
4. Absence of apparent or suspected CNS, abdominal or pulmonary injury or illness.
5. Nitrous Oxide must be self-administered by the patient via a tight-fitting mask.
6. Patients with pain of uncertain origin may not receive Nitrous Oxide prior to contacting Medical Direction.

**STANDARD PRECAUTIONS MUST BE OBSERVED.**