

Patient Care Guidelines EMSaiStack Version 1.0 2026

National EMS Model Compliant

1C PAIN and NAUSEA MANAGEMENT

PATIENT CARE GOALS

- Perform a comprehensive assessment of pain including location, characteristics, onset/duration, frequency, quality, intensity or severity, and precipitating factors and provide appropriate pain management.^{1,2}
- Make a reasonable attempt to reduce the patient's pain and nausea by at least 25%.

EMT

1. Assess the patient and provide initial care, including oxygen, if needed, per **1B General Assessment and Care**.
2. Observe for nonverbal cues of pain including changes in vital signs, grimacing, agitation or discomfort, especially in those unable to communicate effectively.

ADULT	PEDIATRIC (up to 40 kg or 14 years of age)
3. Identify the patient's pain intensity by having them rate their pain on a scale of 0 to 10. For nonverbal patients or those with developmental disabilities, use the FACES Pain Scale. 4. Pain rated greater than 3 or beyond the patient's acceptable level should indicate the need for pain management. These patients should be attended to by an AEMT or Paramedic level provider. <u>Non-narcotic options for all sources of pain.</u> a. Administer acetaminophen 500 mg if < 70 kg, 1,000 mg PO if 70 kg or greater OR b. Administer ibuprofen 200 mg if < 70 kg, 400 mg PO if 70 kg or greater c. For nausea or vomiting, place in position of comfort, provide an emesis bag and have suction ready; request AEMT or Paramedic for antiemetic treatment.	3. Identify the patient's pain intensity using the following: a. FACES Pain Scale for children 4 and older or nonverbal children.³ b. FLACC Pain Scale for children 3 months to 4 years old and developmentally delayed older children.⁴ 4. Pain rated greater than 3 or beyond the patient's acceptable level should indicate the need for pain management. These patients should be attended to by an AEMT or Paramedic level provider.

5. Attempt the following techniques in combination, as appropriate, to reduce anxiety and manage pain:⁵
 - a. Acknowledge their pain.
 - b. Reassurance, calming, appropriate touch, and gentle handling and transport.
 - c. Repositioning, stabilization, padding, immobilization, and splinting.

Patient Care Guidelines EMSaiStack Version 1.0 2026

National EMS Model Compliant

- d. Cold pack applied to injured areas.
- e. Warm packs applied to musculoskeletal complaints.

AEMT

- 6. Establish vascular access (IV, IO) as needed per 1B General Assessment and Care.
- 7. Treat nausea and vomiting, related or unrelated to pain as follows:

ADULT	PEDIATRIC (up to 40 kg or 14 years of age)
8. If tolerated or no vascular access, administer ondansetron 4 mg ODT. Instruct the patient to allow the tablet to dissolve in their mouth then swallow. May repeat in 10-15 minutes if needed. OR Administer ondansetron 4 mg IM. May repeat dose once after 10-15 minutes if needed. OR Administer ondansetron 4 mg IV slowly over 2-5 minutes. May repeat dose once after 10-15 minutes if needed.	8. Administer ondansetron 0.15 mg/kg (maximum 4 mg) IV slowly over 2-5 minutes. [Contact Medical Control for additional doses, if needed.]

- 9. Treat pain as follows, according to the type of pain:

ADULT	PEDIATRIC (up to 40 kg or 14 years of age)
<u>For headache⁶</u> 1. All pain scores: Administer ketorolac 15 mg IV/IO or 30 mg IM⁶. 2. Treat nausea as indicated above. <u>For suspected renal colic</u> 1. Administer ketorolac 15 mg IV/IO or 30 mg IM. 2. May repeat IV/IO dose once in 10-15 minutes. IM dose may not be repeated. <u>Non-specific⁷ complaints of pain for which a narcotic is not indicated or is refused by the patient.</u> 1. All pain scores: Administer ketorolac 15 mg IV/IO or 30 mg IM⁸. 2. Treat nausea as indicated above.	<u>No AEMT pediatric analgesia in this guideline. Follow EMT instructions.</u>

Patient Care Guidelines EMSaiStack Version 1.0 2026

National EMS Model Compliant

- Check your state scope of practice for opioids such as fentanyl and morphine.
- AEMT analgesia requires education or credentialing to the 2021 National EMS Education Standards.

PARAMEDIC

10. Treat nausea and vomiting, related or unrelated to pain as follows:

ADULT	PEDIATRIC (up to 40 kg or 14 years of age)
If contraindicated or patient has allergy to ondansetron, administer diphenhydramine 12.5 mg IV and repeat every 15 minutes as needed.	If contraindicated or patient has allergy to ondansetron, administer diphenhydramine 0.1 mg/kg IV and repeat every 15 minutes as needed.

11. When IV pain medications are administered, patients should be monitored for hypoxia and hypoventilation using pulse oximetry and capnography.
12. Treat anxiety related to pain as per **1D Anxiety and Sedation Management**.
13. Treat pain as follows, according to the type of pain:⁹

ADULT	PEDIATRIC (up to 40 kg or 14 years of age)
<u>For chronic pain of any source</u> - Follow Care Plan if one exists. - Contact receiving facility for order if no Care Plan is in place. <u>For acute traumatic orthopedic pain¹⁰ or chest discomfort suspicious for acute coronary syndrome¹¹</u> - Pain rated at <7: Administer initial dose of fentanyl 1 mcg/kg IV slowly (maximum initial dose 100 mcg), titrated to effect. Pain rated at 7-10 that correlates with clinical presentation: Administer initial dose of fentanyl 1 mcg/kg IV slowly (maximum initial dose 100 mcg), titrated to effect. OR All pain scores: Administer fentanyl 2 mcg/kg IN (maximum initial dose 100 mcg), injecting one half the dose in each nostril using the mucosal atomizing device.¹² OR All pain scores: Administer fentanyl 1 mcg/kg IM (maximum initial dose 100 mcg).	<u>For chronic pain of any source</u> - Follow Care Plan if one exists. - Contact receiving facility for order if no Care Plan is in place. <u>For acute traumatic¹⁰ AND non-traumatic pain</u> - Administer fentanyl 1 mcg/kg (maximum initial dose 100 mcg) IV slowly, titrated to effect. OR Administer fentanyl 2 mcg/kg IN (maximum initial dose 100 mcg), injecting one half the dose in each nostril using the mucosal atomizing device.¹² OR Administer fentanyl 1 mcg/kg (maximum initial dose 100 mcg) IM. - Repeat fentanyl 0.5 mcg/kg IV/IN/IM every 10-15 minutes as needed for pain to a maximum total dose of 4 mcg/kg. [Contact Medical Control for doses exceeding 4 mcg/kg.] <u>For abdominal pain or non-traumatic</u>

Patient Care Guidelines EMSaiStack Version 1.0 2026

National EMS Model Compliant

ADULT	PEDIATRIC (up to 40 kg or 14 years of age)
2. Repeat fentanyl 0.5 mcg/kg IV/IN/IM every 10-15 minutes as needed for pain to a maximum total dose of 400 mcg. 3. [Contact Medical Control for doses exceeding 400 mcg.] <u>For abdominal pain or non-traumatic musculoskeletal pain¹³</u> 1. Pain rated at 4-6: Administer morphine sulfate 0.05 mg/kg IV/IO/IM in 5 mg increments. 2. Pain rated at 7-10 that correlates with clinical presentation: Administer morphine sulfate 0.1 mg/kg IV/IO/IM in increments of 5 mg. Maximum initial dose 10 mg. 3. May repeat every 10-15 minutes as needed to a maximum total dose of 20 mg. 4. [Contact Medical Control for doses exceeding 20 mg.] <u>For musculoskeletal spasm (in addition to morphine sulfate)¹⁴</u> 1. Administer lorazepam 0.5 to 1 mg IV or 2 mg IM. 2. May repeat every 10-15 minutes as needed to a maximum total dose of 4 mg. <u>Pregnant Patients</u> 1. If NOT in labor treat pain as indicated in this guideline regardless of gestational age. 2. If in labor narcotics are contraindicated. <u>For headache⁶</u> 1. If pain continues after ketorolac (or if allergic), administer morphine sulfate as indicated above in accordance to patient's pain level. <u>For suspected renal colic</u> 1. If pain continues after ketorolac (or if allergic), administer morphine sulfate as indicated above in accordance to patient's pain level. <u>Non-narcotic options for all sources of pain.</u> a. Administer acetaminophen 500 mg if <	<u>musculoskeletal pain¹³</u> 1. Pain rated at 4-6: Administer morphine sulfate 0.05 mg/kg IV/IO/IM. 2. Pain rated at 7-10 that correlates with clinical presentation: Administer morphine sulfate 0.1 mg/kg IV/IO/IM. Maximum initial dose 5 mg. 3. May repeat every 10-15 minutes as needed to a maximum total dose of 10 mg. 4. [Contact Medical Control for doses exceeding 10 mg.]

Patient Care Guidelines EMSaiStack Version 1.0 2026

National EMS Model Compliant

ADULT	PEDIATRIC (up to 40 kg or 14 years of age)
70 kg, 1,000 mg PO if 70 kg or greater OR b. Administer ibuprofen 200 mg if < 70 kg, 400 mg PO if 70 kg or greater c. Treat nausea as indicated above.	

DOCUMENTATION KEY POINTS

- Pain intensity, location, type, and duration. "OPQRST".
- Vital signs before and after administration of all narcotics.
- Medications administered and subsequent pain scales. It is recommended that the final pain score be assessed upon arrival to the hospital but prior to unloading the patient from the ambulance.
- If narcotics or sedatives are not indicated in a patient with complaint of pain (Care Plan or psychological issue) then document "Not Indicated" in the pain assessment intervention.
- Non-drug interventions performed.
- Reason for anti-emetic and effect of the medication.
- Initial and ongoing assessments, monitoring, interventions, patient response, and complications (if any) encountered.

NOTES

- ¹ All patients have the right to safe and effective pain management regardless of cognitive and physical abilities, culture, age, and gender.
- ² Do not administer homeopathic (less than therapeutic) doses of narcotics or sedatives to "pacify" manipulative patients.
- ³ Wong-Baker FACES Pain Scale: Correlate the report scale with the patient's clinical presentation. Treat the patient, not the pain score.
- ⁴ FLACC Pain Scale: Correlate the report scale with the patient's clinical presentation. Treat the patient, not the pain score.
- ⁵ Non-Drug Options: Acupressure on P6 – To find P6 measure 3 finger widths below the bend of the patient's wrist; then find spot just below third finger between tendons.
- ⁶ Only indicated for the treatment of patients with chronic headache history. Do not administer **ketorolac** and/or **morphine sulfate** to patients suspected of stroke or with altered mental status.
- ⁷ Do not administer **ketorolac** to persons with injuries or conditions for which surgery is anticipated (e.g., obvious fractures, suspected intra-abdominal bleeding, acute onset headache).
- ⁸ Administer half the recommended dose for patients over the age of 65.
- ⁹ When administering pain medications, consider the following: In the absence of shock, pain should be treated according to standing guidelines. Contact Medical Control for advice if needed. Opiates alone, in recommended doses, will not cause significant hypotension. Use caution when administering narcotics to intoxicated patients as the alcohol may potentiate adverse effects. Reduce the dose of opiates by 50% for those over 65 years of age. Reduce the dose of opiates by

Patient Care Guidelines EMSaiStack Version 1.0 2026

National EMS Model Compliant

50% when also administering a benzodiazepine. Use caution when administering narcotics to the elderly with significant co-morbid conditions as they may cause more sedation. Consider administering half the recommended dose or titrating the administration over 2-4 minutes to avoid adverse effects. The preference for administration route is IN (when available), IV, IO, and IM in that order. If the patient is allergic to **fentanyl** it is acceptable to administer **morphine sulfate**. The reverse is also acceptable. Maximize the dosing of one opiate before switching to another. Burn patients may require larger than usual doses of opiates for pain control. Contact the receiving facility for orders if needed. Consider administration of **lorazepam** for co-existing anxiety.

- ¹⁰ **Fentanyl** is the preferred medication for fast acting, short duration pain relief. Administer **fentanyl** intranasally as soon as reasonably possible (even before IV is established) to attain faster pain relief.
- ¹¹ **Nitroglycerin** is not a pain medication. Administer the appropriate amount of **fentanyl** for suspected acute coronary syndrome.
- ¹² Intranasal administration is preferred over IM due to more rapid onset.
- ¹³ **Morphine sulfate** is the preferred medication for deeper pain relief, muscular type pain, abdominal pain, headache, narcotic withdrawal and chronic opiate users.
- ¹⁴ Patients with musculoskeletal spasm may be given **lorazepam** along with (not mixed in the same injection) a narcotic. Use half the usual dose of narcotic in these instances.