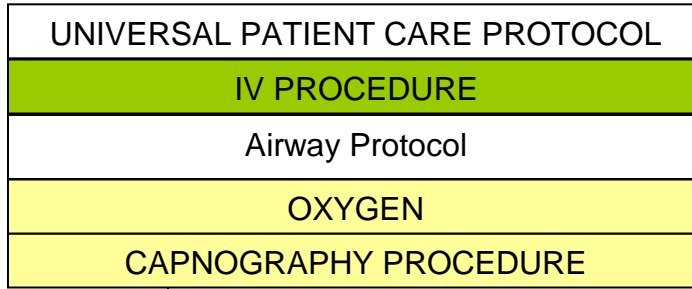


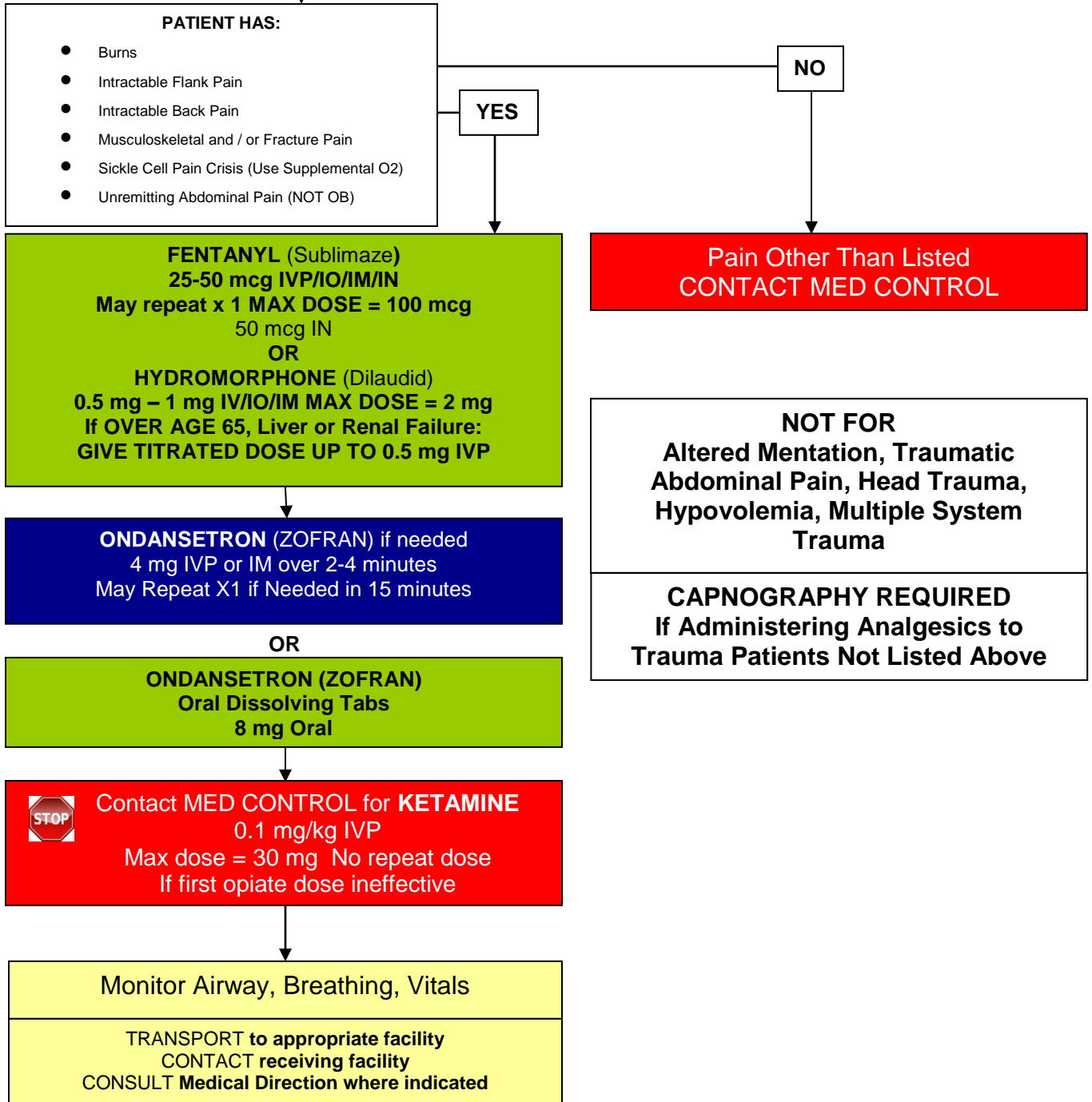


Section 5: Adult Medical Emergencies Protocol

ADULT MEDICAL EMERGENCIES: SEVERE PAIN



E	EMT	E
A	AEMT	A
P	PARAMEDIC	P
M	MED CONTROL	M





Section 5: Adult Medical Emergencies Protocol

ADULT MEDICAL EMERGENCIES: SEVERE PAIN-Cont.

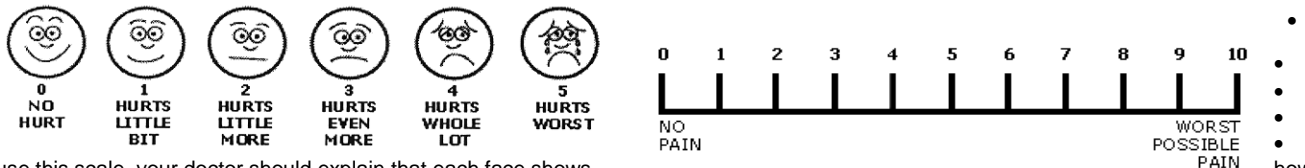
PEARLS and KEY POINTS

HISTORY	SIGNS AND SYMPTOMS	DIFFERENTIAL DIAGNOSIS
<ul style="list-style-type: none"> • Age / onset • Location • Duration • Severity (0 - 10) • Past medical history • Medications • Drug allergies 	<ul style="list-style-type: none"> • Severity (pain scale) • Quality (sharp, dull, etc.) • Radiation • Relation to movement, respiration • Increased with palpation of area 	<ul style="list-style-type: none"> • Per the specific protocol • Musculoskeletal • Visceral (abdominal) • Cardiac • Pleuritic (respiratory) • Neurogenic • Renal (colic)

PAIN SCALE

The Wong-Baker Faces Pain Rating Scale

Designed for children aged 3 years and older, the Wong-Baker Faces Pain Rating Scale is also helpful for elderly patients who may be cognitively impaired. It offers a visual description for those who don't have the verbal skills to explain how their symptoms make them feel.



To use this scale, your doctor should explain that each face shows how a person in pain is feeling. That is, a person may feel happy because he or she has no pain (hurt), or a person may feel sad because he or she has some or a lot of pain.

A Numerical Pain Scale

A numerical pain scale allows you to describe the intensity of your discomfort in numbers ranging from 0 to 10 (depending on the scale). Rating the intensity of sensation is one way of helping your doctor determine treatment. Numerical pain scales may include words or descriptions to better label your symptoms, from feeling no pain to experiencing excruciating pain. Some researchers believe that this type of combination scale may be most sensitive to gender and ethnic differences in describing pain.

- Exam: Mental Status, Area of Pain, Neuro
- Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage.
- Pain is subjective (whatever the patient says it is).
- Pain severity (0-10) is a vital sign to be recorded pre and post medication delivery and at disposition.
- Abdominal pain patients must have a 12 lead EKG to rule out cardiac involvement.
- Vital signs should be obtained pre, 10 minutes post, and at disposition with all pain medications.
- Contraindications to Dilaudid (Hydromorphone) or Fentanyl use include hypotension, head injury, respiratory distress or severe COPD.
- All patients should have drug allergies documented prior to administering pain medications.
- All patients who receive pain medications must be observed 15 minutes for drug reaction.
- All patients who receive medication for pain must have continuous ECG monitoring, pulse oximetry, and oxygen administration.
- The patient's vital signs must be routinely reassessed.
- Routine assessments and reassessments must be documented on the run report.
- Have Naloxone (Narcan) on hand if the patient has respiratory depression or hypotension after Hydromorphone (Dilaudid) or fentanyl administration. Be prepared to ventilate.
- DO NOT administer narcotic analgesics if there is any suspicion of a head injury.