



EMT-Paramedic Treatment Protocol 4902

Patient Comfort

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Pain management in the field may be indicated when there is isolated trauma to extremities, severe burns, or amputations. Occasionally, patients with severe musculoskeletal back, neck, or flank pain may require pain treatment in order to facilitate packaging and transport. Except in rare circumstances, pain medication **should not** be administered to multiple trauma patients with possible head, abdomen, or chest injuries.

In some patients non-narcotic pain medication may be more appropriate. Extreme care must be exercised in determining the patient's risk for complications associated with the administration of this class of drugs (*Toradol*). Carefully determine if the patient has a history of kidney problems, gastrointestinal ulcers, or bleeding disorders, as well as cardiac problems, or allergies to aspirin or ibuprofen. These patients may not be candidates to receive ketoralac tromethamine (*Toradol*) in the field. **Consultation with MCP** is essential on all patients in which *Toradol* is considered.

Nausea and/or vomiting can be a side-effect of narcotic pain medications or associated with many conditions including motion sickness while being transported. Promethazine or ondansetron may be administered **per order of Medical Command** for patients suffering from severe nausea or to prevent nausea associated with these conditions.

- A. Perform **TAMP (4101)** or **MAMP (4201)**.
- B. Review patient's allergies, current medications, and past medical history.
- C. IV normal saline KVO or saline lock.
- D. Contact Medical Command.



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- E. If severe pain, administer morphine sulfate 2 to 4 mg IV (pediatric dose 0.05mg/kg) **per order of Medical Command.**



1. If pain not relieved, may repeat dosing **per MCP order.** Doses greater than 4 mg IV in a single dose **require MCP order.**
2. If non-narcotic pain medication appears more appropriate for patient, administer ketoralac tromethamine (*Toradol*) 15 to 30 mg IV or 30-60 mg IM **per MCP order.** IM dosing should be reserved for longer transport times.



- F. Consider administration of promethazine 6.25 to 12.5 mg IV pediatric dose 0.5 mg/kg to total single dose of 6.25 mg) diluted with minimum of 3 ml of normal saline or ondansetron (Zofran) 4 mg IV, to prevent or treat nausea and vomiting, **per order of Medical Command.**



- G. Expedite transport and monitor vital signs and mental status closely.

Special Note:

1. Reduced doses of promethazine may be indicated in the elderly, those with asthma, and those susceptible to CNS depression.
2. Do not mix *Toradol* in syringe with any other medication.
3. Do not administer *Toradol* to patients with aspirin or ibuprofen allergy or elderly patients with a cardiac history.
4. Patients with history of renal problems, GI bleeding, ulcers, or bleeding disorders are usually **not** candidates for *Toradol*.