

# Pain Management (Non-Cardiac/Non-Trauma)

Pain rated >level 5 is considered a distracting condition.

## Non-Trauma/Non-Cardiac pain examples:

- Migraines
- Non-Trauma Back Pain
- Post Surgical Pain
- Toothaches

Routine medical/Trauma Care  
(including pain scale)

Use clinical judgment along with signs/symptoms  
to verify level of discomfort

Evaluate M.O.I., rule out the need for immobilization using  
*the Spinal Motion Restriction Protocol.*

### Administer ONE of the following:

- **Fentanyl** 25-50 mcg IV/IN/IM q 2 min. to **MAX** of 200 mcg.
- **Morphine Sulfate** 2-4 mg IV q 2 min to max 10 mg.
- **Ketorolac** 15-30 mg IV or 30-60 mg IM<sup>1</sup>

### May also consider:

- **Acetaminophen** 1000 mg IV infusion over 15 min<sup>2, 3</sup>. as a stand alone pain reliever or in conjunction with an opioid<sup>4, 5</sup>.

**THESE PATIENTS  
MUST BE  
TRANSPORTED  
TO THE  
EMERGENCY ROOM**

For nausea/Vomiting related to analgesia, consider  
**Ondansetron** 4mg IV; may repeat additional 4mg in  
15 minutes PRN.

### Emergency Hallucinations/Agitation

- **Midazolam** 2 mg IV/IN/IO/IM PRN



Wong-Baker FACES of  
pain rating scale.

\*\* Score is based on  
patient's (not provider's)  
assessment of their pain\*\*

<sup>1</sup> Should not be used in patients with renal concerns.

<sup>2</sup> Should not be used in patients with hepatic impairment or severe active liver disease.

<sup>3</sup> DO NOT infuse faster than 15 minute rate, patient may experience burning sensation.

<sup>4</sup> When using in conjunction with an opioid, consider titrating opioid dose to effect.

<sup>5</sup> Can also be used as an alternate analgesic for patients in non-narcotic drug treatment programs.