

# ADULT PAIN MANAGEMENT

ALWAYS USE BODY SUBSTANCE ISOLATION PRECAUTIONS

## INDICATION

- Patient exhibits or is determined to have measurable or anticipated pain or discomfort


## PHYSICIAN CONSULT

- Patients with SBP < 100
- Patients with head trauma; multi-system trauma that includes abdominal/thoracic trauma; decreased respirations; ALOC (GCS < 15); or women in labor
- > 20 mg **Morphine Sulfate** is needed for pain management

## CRITICAL INFORMATION

- Origin of pain (examples: isolated extremity trauma, chronic medical condition, burns, abdominal pain, multi-system trauma)
- Mechanism of injury
- Approximate time of onset
- Complaints or obvious signs of discomfort
- Use Visual Analog Scale (0-10) or Wong/Baker Faces Pain Rating Scale if non-English speaking adult. Express results as a fraction (i.e. 2/10 or 7/10)
- Vital signs
- Presence of special infusion apparatus for narcotic or oncology agents may help to determine dosing

## TREATMENT

- **Morphine Sulfate:**
  - IV/IO: 5 mg slowly; MR q 5 minutes, max. dose 20 mg
  - IM: 5 mg; MR in 20 minutes, max. dose 20 mg
-  Patients with SBP<100, head trauma, multi-system trauma with abdominal/thoracic trauma, decreased respirations, ALOC (GCS < 15), or women in labor

## DOCUMENTATION- ESSENTIAL ELEMENTS

- Initial and post treatment pain score, expressed in a measurable form (i.e. 7/10)
- Interventions used for pain management (i.e. ice pack, splint, **Morphine Sulfate**)
- Reassessment after interventions
- Initial and post treatment vital signs (including GCS in patients with ALOC)
- Physician consult if required