

Monterey County EMS System Policy



Protocol Number: M-2
Effective Date: 7/1/2025
Review Date: 6/30/2028

PAIN CONTROL

BLS CARE

Routine medical care.
Positioning.
Splinting as indicated.
Ice packs as indicated.

ALS CARE

Routine medical care.

Morphine Sulfate 2-5 mg IV/IO every 5 minutes, titrated to pain relief, up to a maximum total dose of 20 mg. Hold if systolic blood pressure is less than 110 mmHg.

or

Morphine Sulfate 5-10 mg IM. May repeat initial dose in 10 minutes if needed to a maximum total dose of 20 mg.

or

Fentanyl 50-100 mcg slow IV/IO over 1 minute. May repeat every 5 minutes to a total of 200 mcg. Hold if systolic blood pressure is less than 110 mmHg.

or

Fentanyl Intranasal (IN)/IM 50-100 mcg. May repeat in 10 minutes up to a maximum of 200 mcg.

or

Ketamine 0.3 mg/kg IV/IO in 100 ml NS IVPB over 5 minutes. Max dose is 30 mg. May repeat once in 10 minutes.

or

Ketamine 0.3 mg/kg IM with a maximum dose of 30 mg. May repeat initial dose in 10 minutes to a maximum total dose of 60 mg.

Base Hospital Contact required for additional doses of morphine or fentanyl beyond the standing orders detailed above. Ketamine administration is limited to standing orders only (maximum of 0.6 mg/kg or 60 mg).

Base Hospital contact communication failure:

NOTE:

In the event that the maximum dose of pain medication has been administered under standing orders and base hospital contact fails, the following additional dosing of analgesics may be administered:

Morphine Sulfate 2-5 mg IV/IO or 5-10 mg IM up to an additional 10mg. Maximum total dose (including dosages administered under standing orders) is 30 mg.

or

Fentanyl 50-100 mcg IV/IO/IN/IM up to an additional 100 mcg. Maximum total dose (including dosages administered under standing orders) is 300 mcg.

NOTE:

- A. Attempt pain management through measures such as a cold pack, coaching, splinting, or other methods as indicated by the patient's condition.
- B. The use of narcotics for pain management should be reserved for patients in moderate to severe pain.
- C. The patient's respiratory status is to be monitored closely when narcotics are administered.
- D. Titration of medications can be done to achieve a desired outcome or prevent unwanted side effects.
- E. Document the patient's pain level before and after pain management efforts. The method of evaluation must be consistent each time pain is evaluated. Patient response, if any, is to be recorded.
- F. Follow the appropriate protocol for specific conditions.