San Joaquin County
Emergency Medical Services Agency

BLS Pain Management

AUTHORITY: Health and Safety Code, Division 2.5, Sections 1797.60, 1797.80, 1797.197, 1797.197a, 1797.204, 1797.220, 1798; California Code of Regulations, Title 22, Chapter 2, Sections 100062, 100063, 100064

PURPOSE: This protocol is intended for the treatment of pain associated with traumatic injuries, burns, or medical conditions that cause significant **ACUTE** non-cardiac pain or **SEVERE exacerbation** of chronic pain.

OBJECTIVE FINDINGS:

1. Signs and symptoms
    a. Guarding
    b. Grimacing
    c. Deformity
    d. Swelling
    e. Diaphoresis
    f. Splinting
2. Comorbidities
    a. Recent traumatic event
    b. Chronic pain

TREATMENT:

1. Elevate as appropriate.
2. Ice as appropriate.
3. Position as appropriate. Stabilize as appropriate.
4. Adults:
    a. Acetaminophen 650mg PO OR
    b. Ibuprofen 400mg PO withhold if pregnant.
5. Pediatrics:
    a. >3 months, Acetaminophen 15 mg/kg PO, max 650 mg withhold if had in last 4 hours OR
    b. > 6 months, Ibuprofen 10mg/kg PO, max 400mg, withhold if given in last 6 hours.
6. Assess and document pain scale before and after intervention or if condition changes.
7. No repeat dose of acetaminophen or ibuprofen shall be given.

DRAFT

Approved: Signature on file
Medical Director

Signature on file
EMS Administrator