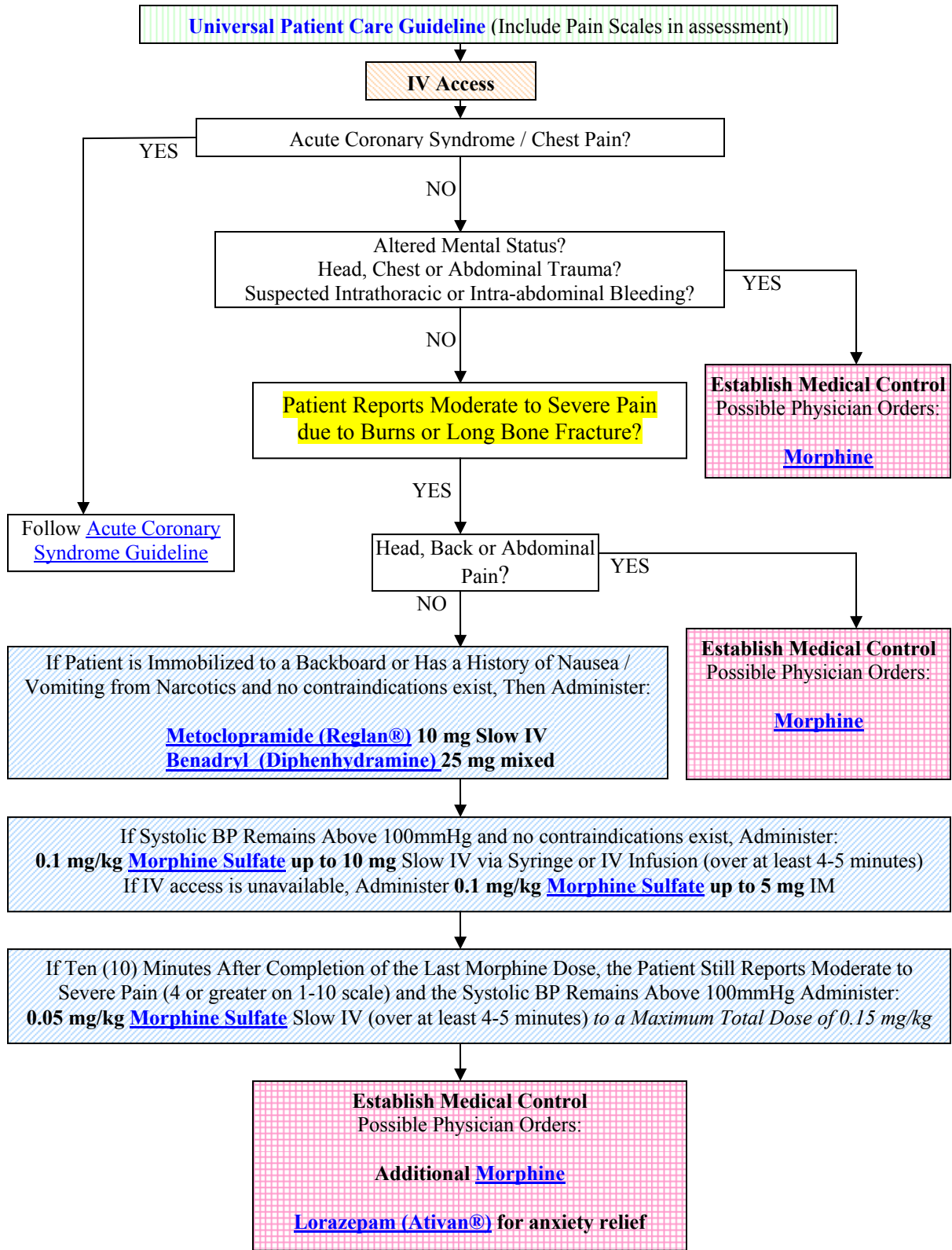


PAIN MANAGEMENT (ADULT)



PAIN MANAGEMENT (ADULT) continued

Pearls:

- Maximize the use of non-pharmaceutical pain management techniques (e.g. positioning, padding and splinting, reassurance, guided imagery, heat/cold therapy, etc.) whenever possible.
- All patients receiving prehospital narcotic analgesics or benzodiazepines should have continuous pulse oximetry monitoring, ECG and non-invasive capnography (if available).
- Consider administering [morphine](#) as an infusion over 5 -10 minutes in 50 – 100 mL of D₅W or [0.9% NS](#) to minimize side effects.
- **Stop [morphine](#) administration** if significant adverse effects (severe nausea, vomiting, hypotension, respiratory depression) or sedation (decreased mental status) develop.
- Respiratory depression should be treated with [oxygen](#) and ventilatory support if necessary.
- Attempt verbal and tactile stimulation to reverse respiratory depression prior to considering [naloxone \(Narcan®\)](#).
- Administer the smallest possible reversal dose of [naloxone](#) to maintain adequate respirations. Dilute 0.4 mg [naloxone](#) in 10cc 0.9% NS syringe and [slowly](#) titrate to effect.
- **[Morphine](#) use is restricted to treatment of Acute Coronary Syndromes and pain management in burns and long bone fractures. Medical Control will be consulted for all other complaints of pain.**