# Pain Control

## ADULT

### BLS Procedures

Place patient in position of comfort  
Administer oxygen as indicated

### ALS Standing Orders

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IV/IO access</strong></td>
<td>Cardiac Monitor</td>
</tr>
<tr>
<td><strong>Ondansetron</strong></td>
<td>IV/IM/ODT – 4 mg</td>
</tr>
<tr>
<td><strong>Morphine – Pain 5 out of 10 or greater</strong></td>
<td></td>
</tr>
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</table>
| **Initial IV Dose** | Slow IVP - 0.1 mg/kg over 2 minutes¹  
Maximum for ANY IV dose is 10 mg |
| **Initial IM Dose** | IM - 0.1 mg/kg¹  
Maximum for ANY IM dose is 10 mg |
| **May give second IV/IM Dose, if pain persists** |  
5 minutes after IV morphine, or  
15 minutes after IM morphine  
Administer half of the initial morphine dose |
| **May give third IV/IM Dose, if pain persists** |  
5 minutes after 2nd IV morphine, or  
15 minutes after 2nd IM morphine  
**Ondansetron** (only if third dose of morphine needed)  
IV/IM/ODT – 4 mg  
Administer half of the initial morphine dose |
| **Check and document vital signs before and after each administration** | Hold if SBP less than 100 mmHg |

If patient has significant injury to head, chest, abdomen or is hypotensive, **DO NOT administer pain control unless ordered by ED Physician**

### Base Hospital Orders only

Consult with ED Physician for further treatment measures

### Additional Information

1. Special considerations, administer 0.05 mg/kg  
   - Consider lower dose for patients 65 years of age and older.  
   - Chest pain not resolved by nitroglycerine (NTG)  
   - Patient with history of adverse reaction to morphine  
   - Symptomatic bradycardia for patients receiving transcutaneous pacing.

## PEDIATRIC

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