05-0501 – Adult Narcotic Pain Management

Authority

Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9

Definition

Pain is a subjective unpleasant sensory and emotional experience associated with actual or potential tissue damage.

Precautions

1. Careful titration of medication to avoid respiratory depression.
2. Do not give Fentanyl too rapidly to avoid Rigid Chest Syndrome.
3. May use either Morphine, Fentanyl either alone or in combination (see pain management guidelines below).
4. Do not exceed maximum total dose of opioids.
5. The total adult opioid dose = 20 mg Morphine equivalents (20 mg Morphine, 200 mcg Fentanyl, or combination of the two medications equaling 20 mg Morphine equivalents).
6. Monitor vital signs closely: maintain systolic blood pressure greater than 90 mmHg and respiratory rate greater than 12 respirations/minute.
7. Don't utilize in patients who have a GCS of less than 14.
8. If mental status not at base line should consider not using opioids.
9. Use extreme caution in patients that may have sustained a traumatic brain injury and are under the influence of other substances (for example alcohol, illicit drugs, and sedatives/hypnotics).
10. Use caution in the elderly, renal failure, and liver disease.
11. Use caution with other agents (Benzodiazepines) that will potentiate the opioids.

Indications

Any patient with a complaint of moderate or significant pain including but not limited to:

1. Burn patients, frostbite
2. Bites and envenomation
3. Crush injuries
4. Extremity injuries
5. Traumatic injuries
6. Abdominal pain
7. Sickle cell crisis, cancer
8. Prolonged extrication
9. Renal colic

Relative Contraindications

Known or suspected alcohol or drug abuse.

Contraindications

1. Head injuries with GCS less than 14.
2. Hypotension in the setting of trauma or other serious medical condition.
3. Allergy or hypersensitivity to narcotics.

Treatment - BLS

1. Airway management be prepared to suction and assist ventilations as needed.
2. Supplemental O2, continuous pulse oximetry monitoring.
3. Titrate oxygen as needed to maintain SpO2 equal to 92%.
4. Position of comfort, splint injured extremity, ice and elevation as needed to prevent swelling.
5. Psychological support.

Treatment - ALS

1. Continuous cardiac monitor and continuous O2 oximetry monitor. If available utilize End Tidal CO2 monitoring.
2. For doses greater than 100 mcg (10 mg Morphine equivalents) , ETCO2 side stream to monitor respirator changes in addition to pulse oximetry.
3. IV Normal Saline preferred, rather than saline lock.

   a. Morphine sulfate 2-5 mg IV may repeat every 5 to 10 minutes as needed. Maximum total dose 20 mg Morphine. A maximum single dose of Morphine is 5 mg.
   b. Morphine sulfate 5-10 mg IM may repeat once in 10 to 15 minutes up to maximum of 20 mg total dose. If a repeat dose is needed, highly consider IV access.

   OR

   a. Fentanyl 25-50 mcg IV/IO may repeat every 5 to 10 minutes as needed. Maximum single dose of 50 mcg, slow IV administration.
   b. Total max dose of Fentanyl is 200 mcg.
   c. Repeat doses of Fentanyl 0.5 mcg/kg to 1 mcg/kg (maximum 50 mcg) may be administered in 5-minute intervals to patients with a **BP equal to or greater 90 systolic**.
   d. Fentanyl 25-50 mcg IM may repeat every 15 to 20 minutes up to a maximum of 200 mcg, and ***ONLY*** if BP remains **equal to or greater than 90 systolic**.
   e. If repeated IM doses are needed, highly recommend IV access.
   f. Fentanyl IN of 75 mcg single maximum dose. Please deliver ½ dose to each nostril. May repeat in 10 minutes, **maintain systolic BP equal to or greater than 90**.
   g. If there is concern that the maximum dose of Fentanyl 200 mcg is not enough, may request additional dosing per BPHO.

4. Naloxone 0.5 to 2 mg IN, IV, IM and IO as needed to reverse respiratory depression. Please use IN (Intranasal if possible).
5. For Narcan (Naloxone) don't use for the treatment of pinpoint pupils alone.
6. For Narcan dosing please use 0.5 mg dose every 5 minutes for a maximum of 4 mg total dose only if clinically indicated. Give only enough Narcan (Naloxone) to obtain an independent respiratory rate but not necessarily "wake" the patient.
7. Give only enough Narcan (Naloxone) to obtain an independent respiratory rate.
8. Please use caution with patients under hospice care who may be on chronic opioids to avoid sudden withdrawal (can be life threatening).
9. Narcan (Naloxone) ***MAY*** reverse Rigid/Stiff Chest Syndrome.
10. Ondansetron can be used to prevent or treat nausea associated with opioids (Narcotics). Zofran and Opioids are often used together. Please refer to Nausea/Vomiting protocol for utilization (consistent formatting w/pediatric policy).

Documentation

1. Assessment of pain before and after each administration of narcotic analgesia.
2. Rate on a scale of 0-10, consider visual analog scale.
3. Medication dose and patient response including pain score is to be documented with each administration of narcotic analgesia.

Opioid Scale

1. Maximum total opioid dose = 20 mg Morphine equivalents.
2. 20 mg Morphine = 200 mcg Fentanyl or a combination of Morphine and Fentanyl.
3. For example, 150 mcg of Fentanyl equals to 15 mg Morphine.
4. Morphine dosing is 0.05 mg to 0.1 mg/kg slow IV/IO with a single maximum of 5 mg per dose.
5. Fentanyl dosing is 1 mcg/kg slow IV/IO with a single maximum of 50 mcg per dose.
6. Fentanyl dosing is 1.5 mcg/kg IN with a single maximum of 75 mcg per dose.

Considerations:

1. Remember BLS measures always.
2. For minor complaints of pain equal to or less than 4 out of 10 consider other agents.
3. Consider differences between chronic and acute duration.