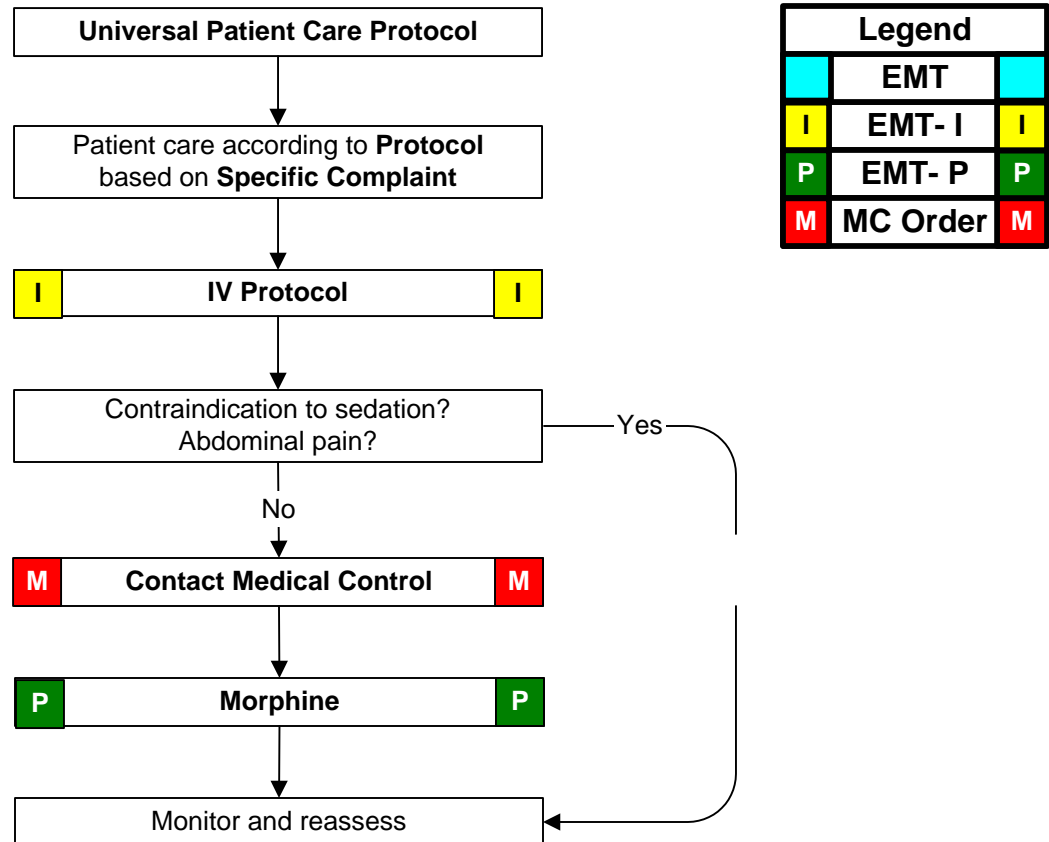




# Pain Control



<b>History:</b> <ul style="list-style-type: none"> <li>• Age</li> <li>• Location</li> <li>• Duration</li> <li>• Severity (1 - 10)</li> <li>• Past medical history</li> <li>• Medications</li> <li>• Drug allergies</li> </ul>	<b>Signs and Symptoms:</b> <ul style="list-style-type: none"> <li>• Severity (pain scale)</li> <li>• Quality (sharp, dull, etc.)</li> <li>• Radiation</li> <li>• Relation to movement, respiration</li> <li>• Increased with palpation of area</li> </ul>	<b>Differential:</b> <ul style="list-style-type: none"> <li>• Per the specific protocol</li> <li>• Musculoskeletal</li> <li>• Visceral (abdominal)</li> <li>• Cardiac</li> <li>• Pleural / Respiratory</li> <li>• Neurogenic</li> <li>• Renal (colic)</li> </ul>
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- Pearls:**
- **Exam: Mental Status, Area of Pain, Neuro**
  - **Pain severity (0-10) is a vital sign to be recorded pre and post IV or IM medication delivery and at disposition.**
  - **Vital signs should be obtained pre, 15 minutes post, and at disposition with all pain medications.**
  - Contraindications to Morphine use include hypotension, head injury, respiratory distress or severe COPD.
  - Ketorolac (Toradol) and Ibuprofen should not be used in patients with known renal disease or renal transplant, in patients who have known drug allergies to NSAID's (non-steroidal anti-inflammatory medications), or in patients who may need surgical intervention such as open fractures or fracture deformities.
  - All patients should have drug allergies documented prior to administering pain medications.
  - All patients who receive IM or IV medications must be observed 15 minutes for drug reaction.