**EMT STANDING ORDERS**
- Routine Patient Care.
- Use ample padding when splinting musculoskeletal injuries.
- Consider the application of a cold pack for 30 minutes.
- Rate the patient’s pain:
  - Children greater than 8 years of age:
    - Ask the patient to rate pain on a scale from 0 – 10, where 0 is no pain and 10 is the worst pain ever experienced by the patient.
  - Children 3 – 8 years of age:
    - Use the Wong-Bakers FACES Scale see [Pain Management - Pediatric Protocol 2.17P Page 2.](#)
  - Children less than 3 years of age or non-verbal:
    - Use the r-FLACC Pain Scale, see [Pain Management - Pediatric Protocol 2.15P Page 2.](#)

**ADVANCED EMT STANDING ORDERS**
- Nitronox: Patient must be able to self-administer this medication. Nitronox is contraindicated in patients with abdominal pain, pneumothorax, head injury, or diving-emergency patients.
  - Note: Nitronox may only be used if the patient has not received an opiate.

**PARAMEDIC STANDING ORDERS**
Unless the patient has altered mental status consider one of the following for pain control:
- Fentanyl 1.0 micrograms/kg IV/IM/IN (maximum dose 100 micrograms) may repeat 0.5 micrograms/kg (Maximum dose 50 micrograms) every 5 minutes. May be repeated to a total of 3 doses, OR
- Morphine 0.1 mg/kg IV (maximum dose 5 mg) may repeat 0.05 mg/kg (maximum dose 2.5 mg) every 5 minutes. May be repeated to a total of 3 doses.

**Antidote:** For hypoventilation from opiate administration by EMS personnel, assist ventilations and administer as directed in the [Poisoning/Substance Abuse/Overdose Protocol 2.16P.](#)

**AND/OR**
- Ketamine for patient > 3 months:
  - 0.5 – 1 mg/kg IN OR
  - 0.1 – 0.25 mg/kg IV diluted in 50 – 100 mL 0.9% NaCl or D5W over 10 minutes (no IV pump needed)
    - To minimize chance of dysphoric reaction consider starting at lower doses and increasing if needed for analgesia.

**Antidote:** For dysphoria (emergence reaction) caused by ketamine administer midazolam 0.05 mg/kg IV/IM (max single dose of 2 mg) every 5 minutes as needed.
- For nausea: See [Nausea/Vomiting 2.11 Protocol](#)
- Contact [Medical Control](#) for guidance regarding:
  - Altered mental status or
  - Requests to provide additional doses of a medication.

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Ketamine contraindicated in patients unable to tolerate hyperdynamic states such as those with known or suspected aortic dissection, myocardial infarction, and aortic aneurysm.
Each of the five categories (F) Face; (L) Legs; (A) Activity; (C) Cry; (C) Consolability is scored from 0-2, which results in a total score between zero and ten.

**Patients who are awake:** Observe for at least 1-2 minutes. Observe legs and body uncovered. Reposition patient or observe activity, assess body for tenseness and tone. Initiate consoling interventions if needed.

**Patients who are asleep:** Observe for at least 2 minutes or longer. Observe body and legs uncovered. If possible reposition the patient. Touch the body and assess for tenseness and tone.

The revised-FLACC can be used for all non-verbal children. The additional descriptors (in bold) are descriptors validated in children with cognitive impairment. The nurse can review with parents the descriptors within each category. Ask them if there are additional behaviors that are better indicators of pain in their child. Add these behaviors to the tool in the appropriate category.

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