

**NONTRAUMATIC PAIN MANAGEMENT  
STATEWIDE ALS PROTOCOL**

Initial Patient Contact – See Protocol #201

**Assess pain on 1-10 scale**  
**Headache with history of migraine (current headache similar to previous migraines)**  
**OR**  
**Abdominal/ Flank/ Pelvic/Back Pain (Not due to Trauma or Injury)**

**Oral medication not contraindicated**

- Place in position of comfort
- Provide verbal reassurance

**If mild to moderate pain:**

- Acetaminophen<sup>1</sup>**, if available, 650 mg orally  
 Peds 15 mg/kg (max 650 mg)  
 OR
- Aspirin** 324-650 mg orally (adult > 14 y/o only)  
 OR
- Ibuprofen**, if available, 400 mg orally<sup>2</sup>  
 Peds ≥ 2 y/o, 10 mg/kg (max 400 mg), if available

**WARNING:** Do not administer these medications if patient had medication recently (within 4 hours for acetaminophen/aspirin, within 6 hours for NSAID).

**Peds < 2 y/o**

**Nausea or contraindication to oral medication**

- Place in position of comfort
- Provide verbal reassurance
- Initiate IV/IO NSS<sup>3</sup>
- If nausea, consider ondansetron, if available (see protocol 7010)
- Administer Nonopioid Analgesic Medication (see box below)

**CONTACT MEDICAL COMMAND**

**NONOPIOID ANALGESIC MEDICATION OPTIONS**  
 (Choose one)

**Nitrous Oxide**, if available (50:50) by inhalation<sup>4</sup>  
 OR

**Ketorolac**, if available, 15 mg IV/IO<sup>2,5</sup> (30 mg IM)  
 IV administration preferred if kidney stone suspected  
 (Peds ≥ 2 y/o, 0.5 mg/kg IV/IO/IM, maximum 15 mg IV/IO or 30 mg IM)  
 OR

**Acetaminophen**, if available, 650 mg IV (slowly over 15 minutes)  
 (Peds ≥ 2 y/o, 15 mg/kg, maximum 650 mg)  
**WARNING:** Do Not Administer if patient had acetaminophen in last 4 hours.

**NONTRAUMATIC PAIN MANAGEMENT  
STATEWIDE ALS PROTOCOL****Criteria:**

- A. Patient with headache that is similar to previous migraine headaches
- B. Patient with flank pain, including suspected kidney stone pain
- C. Patient with acute abdominal pain
- D. Patient with acute pelvic pain

**Exclusion Criteria:**

- A. Headache pain that is new for patient, associated with cerebral aneurysm, or is worst headache of patient's life - these may be associated with intracranial hemorrhage
- B. Known or suspected bleeding (gastrointestinal bleeding, leaking AAA, vaginal bleeding, etc.)
- C. Known or suspected pregnancy
- D. Pain from musculoskeletal trauma (Follow Musculoskeletal Trauma Protocol #6003)
- E. Known history of glucose-6-phosphate dehydrogenase (G6PD) deficiency

**Possible Medical Command Orders:**

- A. Fentanyl or morphine<sup>6</sup>

**Notes:**

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11. Acetaminophen is contraindicated in patients with liver disease/failure.
  12. NSAID(nonsteroidal anti-inflammatory drugs), including ibuprofen and ketorolac, are contraindicated if:
    - a. Oral NSAID (e.g. ibuprofen, naproxen, etc.) taken by patient in last 6 hours
    - b. Gastrointestinal, vascular or other bleeding suspected.
    - c. Known kidney disease/failure or kidney transplant.
  13. IV/IO access is not required for administration of nitrous oxide or IM ketorolac.
  14. Nitrous oxide should be self-administered. Patient should be coached to hold mask on his/her face, and the patient will drop mask if he/she becomes sedated. Over sedation may occur if EMS provider holds mask to patient's face. Nitrous oxide may be administered without IV access. Avoid nitrous oxide in:
    - a. SBP <90 [Pediatrics < 70 + (2 x age)]
    - b. altered mental status (e.g. obvious intoxication, head injury)
    - c. chronic lung disease
    - d. suspected pneumothorax
    - e. suspected bowel obstruction
    - f. decompression sickness (e.g. from diving/submersion)
  15. In renal colic (kidney stone pain), IV administration of ketorolac is preferred.
  16. Medical command must be contacted if EMS provider believes that patient requires opioid analgesia for abdominal pain or other nontraumatic pain.

**Performance Parameters:**

**Severity of pain documented for all painful conditions, and documented before and after analgesic medications/ interventions**