

THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY, INC.



<h2>NYC REMAC</h2>			
Advisory No.	2023-05		
Title:	Emergency Change: General Pain Management (Adult And Pediatric) Protocol – Paramedic Level UPDATED		
Issue Date:	May 23, 2023		
Effective Date:	Immediate		
Supersedes:	2023-04 (Rescinded)	Page:	1 of 6

The Regional Emergency Medical Advisory Committee (REMAC) of New York City is responsible to develop, approve and implement prehospital treatment and transport protocols for use within the five boroughs of the City of New York. The Regional Emergency Medical Advisory Committee (REMAC) of New York City operates under the auspices of Article Thirty of the New York State Public Health Law.

General Pain Management (Adult and Pediatric)

An emergency change to the “General Pain Management (Adult and Pediatric)” protocol pertaining to the “Paramedic” level of treatment was issued last week by the NYC REMAC. This has been rescinded and replaced. A slight modification in language has been made that does not change the protocol but makes dosing clearer regarding the opiate options in the protocol. There are also additional changes that have been made as outlined below. **A brief Mandatory Protocol Update has been assigned to all paramedics on the NYC REMSCO LMS to explain the changes below in detail.** All paramedics are required to complete this course, **EVEN IF COMPLETED AFTER INITIAL RELEASE**, to indicate receipt of the advisory and acknowledge understanding of the changes. CME credit will be issued to Paramedics’ transcripts. Agency training coordinators are required to monitor and ensure compliance.

Changes to pain management protocol:

1. Step 2 under the “Paramedic” level of treatment has been modified to indicate intravascular access **as indicated**, since there are PO options in the protocol.
2. **The two non-opiate options, Acetaminophen and Ketorolac, have been moved up to the first choices, Options A and B.**
 - a. **Acetaminophen may now be administered both PO and IV to both adults and pediatrics at the same dose of 15 mg/kg.**
3. Previously, Morphine or Fentanyl could be administered for persistent severe pain following Ketorolac administration without OLMC contact, but not after administering Acetaminophen. **The current change allows for administration of Morphine or Fentanyl after both Acetaminophen or Ketorolac administration with persistent pain without OLMC contact.**
4. The dosing for Morphine and Fentanyl is clarified as follows:

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- a. Morphine up to 0.1 mg/kg IV/IM (maximum 5 mg). Repeat as needed in incremental doses titrated to effect up to an additional 0.1 mg/kg (maximum cumulative dose 10 mg) for patients with SBP > 110 mmHg
 - b. Fentanyl up to 1 mcg/kg IV/IM/IN (maximum 100 mcg). Repeat as needed in incremental doses titrated to effect up to an additional 1 mcg/kg (maximum cumulative dose 200 mcg)
5. Step 8, under Medical Control Options, "Administer any standing order medication for patients who have any listed exclusion criteria" has been removed.
6. Two additional "Key Points / Considerations" have been added for further clarification:
- a. The maximum dosages for all medications in the REMAC protocols refer to the maximum weight-based dose for the patient.
 - b. Administer Acetaminophen IV over 15 minutes.

Providers requiring assistance logging into the REMSCO LMS should refer to [NYC REMAC Advisory 2023-01](#).

All REMAC Advisories are posted at [NYC REMAC Advisories](#).

Owners/operators of Ambulance and ALS First Response Services providing prehospital medical treatment within the five boroughs of the City of New York are responsible to provide copies of the NYC REMAC Prehospital Treatment Protocols to their personnel, and to ensure that Service Medical Directors and EMS personnel are informed of all changes/updates to the NYC REMAC Prehospital Treatment Protocols.



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General Pain Management (Adult and Pediatric)

CRITERIA

- This protocol is for patients who require analgesic medications for pain of any etiology
- OLMC shall be contacted **PRIOR** to the administration of analgesic medications for **ANY** of the following conditions:
 - Altered mental status
 - Hypoventilation
 - Hemodynamically unstable
 - Pregnant or suspected of being pregnant
- Patients should be monitored using non-invasive capnography, if available

CFR and All Provider Levels

CFR STOP

EMT

EMT STOP

Paramedic

1. Begin cardiac and pulse oximetry monitoring
2. Obtain intravascular access, as indicated
3. Monitor vital signs every 5 minutes
4. Administer one of the following, as available:
 - **OPTION A:** Acetaminophen 15 mg/kg PO/IV (maximum 1000 mg). Administration of an additional opioid analgesic (OPTION C or OPTION D) may be considered for persistent severe pain
 - **OPTION B: ADULT:** Ketorolac 15 mg IV/IM. Administration of an additional opioid analgesic (OPTION C or OPTION D) may be considered for persistent severe pain
 - **OPTION C:** Morphine up to 0.1 mg/kg IV/IM (maximum 5 mg). Repeat as needed in incremental doses titrated to effect up to an additional 0.1 mg/kg (maximum cumulative dose 10 mg) for patients with SBP > 110 mmHg
 - **OPTION D:** Fentanyl up to 1 mcg/kg IV/IM/IN (maximum 100 mcg). Repeat as needed in incremental doses titrated to effect up to an additional 1 mcg/kg (maximum cumulative dose 200 mcg)
5. Transport

Paramedic STOP

Medical Control Options

6. Administer one of the following:
 - OPTION A: Morphine 0.1 mg/kg IV/IM
 - OPTION B: Fentanyl 1 mcg/kg IV/IM/IN

7. Administer Ketamine 0.2 mg/kg IV (maximum 25 mg) slowly OR Ketamine 0.4 mg/kg IM/IN (maximum 50 mg)

Key Points / Considerations

- The maximum doses for all medications in the REMAC protocols refer to the maximum weight-based dose for the patient
- Administer Acetaminophen IV over 15 minutes
- Contraindications for Ketorolac:
 - Renal failure and/or hemodialysis
 - Age \geq 65 years
 - Pregnancy
 - Abdominal pain
 - Injuries with a risk for bleeding or suspected fracture
- Assess for hypoventilation after opioid medication administration and treat as needed

General Pain Management (Adult and Pediatric)

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 - Altered mental status
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CFR and All Provider Levels

CFR STOP

EMT

EMT STOP

Paramedic

1. Begin cardiac and pulse oximetry monitoring
2. Obtain intravascular access, as indicated
3. Monitor vital signs every 5 minutes
4. Administer one of the following, as available:
 - OPTION A: Acetaminophen 15 mg/kg PO/IV (maximum 1000 mg). Administration of an additional opioid analgesic (OPTION C or OPTION D) may be considered for persistent severe pain
 - OPTION B: **ADULT:** Ketorolac 15 mg IV/IM. Administration of an additional opioid analgesic (OPTION C or OPTION D) may be considered for persistent severe pain
 - OPTION ~~CA:~~ Morphine up to 0.1 mg/kg IV/IM (maximum 5 mg). Repeat as needed in incremental doses titrated to effect up to an additional 0.1 mg/kg (maximum cumulative dose 10 mg) for patients with SBP > 110 mmHg Morphine 0.1 mg/kg IV/IM (maximum 10 mg), for patients with SBP > 110 mmHg
 - OPTION ~~DB:~~ Fentanyl up to 1 mcg/kg IV/IM/IN (maximum 100 mcg). Repeat as needed in incremental doses titrated to effect up to an additional 1 mcg/kg (maximum cumulative dose 200 mcg) 1 mcg/kg IV/IM/IN (maximum 100 mcg). For persistent severe pain, repeat after 10 minutes (maximum cumulative dose 200 mcg)
 - ~~OPTION C: **ADULT:** Ketorolac 15 mg IV/IM. Administration of an additional opioid analgesic (OPTION A or OPTION B) may be considered for persistent severe pain~~

- ~~OPTION D: ADULT: Acetaminophen 15 mg/kg IV (maximum 1000 mg)~~
- ~~OPTION E: PEDIATRIC: Acetaminophen 15 mg/kg PO (maximum 650 mg)~~

5. Transport

Paramedic STOP

Medical Control Options

6. Administer one of the following:

OPTION A: Morphine 0.1 mg/kg IV/IM

OPTION B: Fentanyl 1 mcg/kg IV/IM/IN

7. Administer Ketamine 0.2 mg/kg IV (maximum 25 mg) slowly OR Ketamine 0.4 mg/kg IM/IN (maximum 50 mg)

~~8. Administer any standing order medication for patients who have any listed exclusion criteria~~

Key Points / Considerations

- The maximum doses for all medications in the REMAC protocols refer to the maximum weight-based dose for the patient
- Administer Acetaminophen IV over 15 minutes
- Contraindications for Ketorolac:
 - Renal failure and/or hemodialysis
 - Age \geq 65 years
 - Pregnancy
 - Abdominal pain
 - Injuries with a risk for bleeding or suspected fracture
- Assess for hypoventilation after opioid medication administration and treat as needed