

Pain Management Protocol

Scene Survey



Primary Survey



Transport Decision



Critical Interventions

Administering Entonox is NEVER a critical intervention, and transport should not be delayed for it. Entonox is administered at the end of the secondary survey for all patients, regardless of whether they are enroute or not.



Secondary Survey



Non-Critical Interventions

Administer Entonox at the end of the Head-to-Toe, usually BEFORE performing other non-critical interventions. Entonox has several cautions and contraindications, most of which are addressed in the course of a thorough and complete assessment.

Entonox Administration Notes

- * After verifying 6 rights of medication, explain medication and potential side effects, administer to patient until pain is relieved or side effects develop.
- * Always allow patient to self-administer with a bite stick; if patient becomes sedated and unable to self-administer, do not attempt to administer.
- * Consider using with nasal cannula.
- * If patient becomes cyanotic or short of breath, discontinue Entonox and apply high flow O2.

Indications

- * Any Pain, Regardless of Severity

Contraindications

- * Pneumothorax (ruled out on auscultation)
- * Air Embolism (Query IV drug use and recent surgeries.)
- * Inability to Comply (Pt is alert and oriented - GCS 15.)
- * Nitro in Last 5 Minutes
- * Decompression Sickness (Query Diving or Flying without complications.)
- * Inhalation Injury
- * Enclosed Space (If in ambulance, ensure exhaust is on.)

Cautions

- * Shock
- * Abdominal Distension (Query cause.)
- * Depressant Drugs (Able to comply? Observe carefully.)
- * Maxillo-Facial Injuries (Are they able to use the bite stick without aggravating their injuries?)
- * COPD (Observe carefully for cyanosis / SOB,)