



OCONUS Expedient Pain RX guide

Before or in conjunction with using medications below, casualty should have already received Tylenol/Acetaminophen and Meloxicam (**combat pill pack**) for pain management. Along with splinting, nerve blockade, or other regional anesthesia measurements as indicated.

Intranasal Options: Give half of dose in each nostril

- IN Ketamine 1mg/kg or **50mg-100mg** for pain. Repeat doses q20-30mns PRN
- IN Fentanyl **100mcg** (50µg/100µg/200µg divided via nostrils as needed)

Fentanyl

- IV Fentanyl **50-100mcg** q1-2hr PRN ALT 0.5-1.5mcg/kg/h IV Repeat Q30mns PRN
- IN Fentanyl 1-2 mcg/kg IN q1h prn max 100 mcg/dose (per epocrates) Repeat Q30mns PRN
- Oral Transmucosal (TM) OTFC 800mcg: May repeat once after 15mns if pain still uncontrolled
*****Do not give both fentanyl TM lollipop and injection, only give one or the other

Ketamine:

- Pain: 0.1-0.5mg/kg vs Slow **30mg** IV/IO Repeat 20mns PRN
or **50-100mg** IM/IN Repeat 20-30mns PRN
- Procedural Dissociation: 1.0-3.0mg/kg
- Procedural dose **300mg** + versed **2mg** (versed optional)

MassCas 10ml syringe for multiple casualties: Advanced Providers Only

10cc Syringe (max 1-2 ml per casualty): Fentanyl makes this a **danger** for overdosing.

- **5cc** of Fentanyl 250mcg/10ml =12.5mcg/ml in 10ml syringe
- **3cc** of Ketamine of 500mg/5ml =30mg/ml in 10 ml syringe
- **2cc** of Versed 10mg/2ml =1mg/ml in 10ml syringe