



## Prehospital Care Bundles

The MLREMS Prehospital Care Bundles have been created to provide a simple framework to help EMS providers identify the most critical elements when caring for a patient. These bundles do not replace protocol, but are designed to assist quality assurance and performance evaluations as we work collectively to optimize the delivery of prehospital medicine. As the science and evidence changes, so will these care bundles.

The New York State Collaborative Protocols and the MLREMS Care Bundles are intended to improve patient care by prehospital providers. They reflect current evidence and the consensus of content matter experts. The Collaborative Protocols and the MLREMS Care Bundles are intended to provide principles and direction for the management of patients that are sufficiently flexible to accommodate the complexity of care in the prehospital environment. No Protocol or Care Bundle can be written to cover every situation that a provider may encounter, nor are they substitutes for the judgement and experience of the provider. Providers are expected to utilize their best clinical judgement to deliver care and procedures according to what is reasonable and prudent for specific situations. However, it is expected that any deviations from protocol shall be documented along with the rationale for such deviation.

**NO PROTOCOL OR CARE BUNDLE IS A SUBSTITUTE FOR  
SOUND CLINICAL JUDGEMENT.**



# Pain Management Care Bundle

## Pain Management

Metric	Goal
Initial pain score	Obtain and document initial pain score
Non-pharmacological pain management	Perform and document interventions (positioning, heat/ice applied, splinting, etc.) before providing pharmacologic analgesia
Reassessment of pain scale	Reassess and document pain scale after performing non-pharmacological interventions
Pharmacological pain management	Consider if pain remains > 4 or there is a < 3 point reduction in pain after non-pharmacological interventions
Reassessment of pain scale	Reassess and document pain scale after performing pharmacological interventions
Reassessment	Reassess and document non-pharmacological and pharmacological interventions and intervene or re-dose

## Theory/Evidence

### Initial Pain Score

- Obtain and document an initial quantitative pain score to guide appropriate interventions for pain management.

### Non-Pharmacological Pain Management

- Patient positioning, applying ice/heat, splinting, and therapeutic communication are first line interventions for management of acute pain and should precede the administration of any prehospital medications for pain.

### Reassessment of Pain Scale

- Should be completed after intervening with non-pharmacological measures. Adequate analgesia is achieved after a 3 point reduction in pain (on a 10 point scale) or a pain score of 4 or less is achieved.

### Pharmacological Pain Management

- May be considered to control acute pain in the setting of ineffective nonpharmacological interventions.

### Reassessment

- Should be completed after non-pharmacological and pharmacological interventions to evaluate the need for additional interventions or re-dosing of medications.