PEAK
EMERGENCY RESPONSE TRAINING
A division of Peak Project Management, inc.

PAIN MANAGEMENT CRITERIA CHECKLIST

INCIDENT INFORMATION			
PATIENT'S NAME	CHECKLIST COMPLETED BY (PROVIDER)	INCIDENT DATE (DD / MM / YY)	TIME (24 hr)

When the Indications of Use are met, and the Conditions achieved as per the Pain Management: Nitrous Oxide Pre-Administration Checklist and the Pain Management: Methoxyflurane Pre-Administration Checklist, a Qualified Provider[1] **will** utilize this checklist to establish that all Contraindications are ruled out prior to the administration of either nitrous oxide and/or methoxyflurane.

CONTRAINDICATION	NITROUS OXIDE		METHOXYFLURANE	
	YES ☑	NO ☑	YES ☑	NO ☑
LOWERED LEVEL OF CONSCIOUSNESS (e.g. head injury/↑ICP)	❑	❑	❑	❑
INABILITY TO COMPLY	❑	❑	❑	❑
MAXILLOFACIAL INJURIES	❑	❑	DOES NOT APPLY	
CHEST INJURIES	❑	❑	DOES NOT APPLY	
DYSPNEA (SHORTNESS OF BREATH)	❑	❑	❑	❑
INHALATION INJURIES	❑	❑	DOES NOT APPLY	
ABDOMINAL PAIN &/or DISTENTION	❑	❑	DOES NOT APPLY	
HEMODYNAMIC INSTABILITY (e.g. moderate to severe shock)	❑	❑	❑	❑
SCUBA DIVING IN LAST 24 hrs.	❑	❑	DOES NOT APPLY	
NITROGLYCERIN USE WITHIN 15 min.	❑	❑	DOES NOT APPLY	
DEPRESSENT DRUG USE (e.g. ETOH, Valium)	❑	❑	❑	❑
NON-VENTED AREA	❑	❑	❑	❑
ALLERGY &/or ADVERSE REACTION	❑	❑	❑	❑
PATIENT AGE: <18 / >75 YEARS	DOES NOT APPLY		❑	❑
MALIGNANT HYPERTHERMIA	DOES NOT APPLY		❑	❑
FAMILY HISTORY OF MALIGNANT HYPERTHERMIA	DOES NOT APPLY		❑	❑
LIVER &/or RENAL DISEASE	DOES NOT APPLY		❑	❑
METHOXYFLURANE USE WITHIN 90 DAYS	DOES NOT APPLY		❑	❑
PREGNANCY &/or BREASTFEEDING	DOES NOT APPLY		❑	❑

*** If YES is checked for any of the contraindications listed above, for either nitrous oxide or methoxyflurane, then administration of that analgesia is not permitted.**

[1] Qualified Provider - an individual who has received specific PEAK training.