

PATIENT CARE DIRECTIVE

SECTION

SUB-SECTION

Patient Care Delivery

Advanced Protocol Training Program

DOCUMENT TITLE

Pain Management: Methoxyflurane Protocol

DEFINITIONS

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|---------------------|--|
| APTP: | Advanced Protocol Training Program |
| PCD: | Patient Care Directive |
| PEAK: | PEAK Emergency Response Training |
| Qualified Provider: | An individual who has received specific PEAK APTP training |

RECITALS

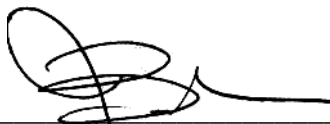
1. PEAK is responsible for the content, revision and review of this document.
2. This PCD is applicable to Qualified Providers who have successfully met the requirements for certification in PEAK's Pain Management: Methoxyflurane Protocol.

PURPOSE

1. This PCD is to provide guidance to Qualified Providers for the administration of methoxyflurane (PENTRHOX[®]) to patients experiencing pain.

PROCEDURE

1. For patients who meet the Indications for Use criteria for methoxyflurane (PENTRHOX[®]) in the Pain Management: Methoxyflurane Protocol Pre-Administration Checklist; **AND**
2. For patients where Contraindications of Use methoxyflurane (PENTRHOX[®]) are ruled out; **AND**
3. For patients where ALL Conditions of Use are achieved.
4. The Qualified Provider may administer methoxyflurane (PENTRHOX[®]) to patients experiencing pain in accordance with the protocol/procedures outlined in the APTP Training Manual.



Jeffrey Burko
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Executive Medical Director

EFFECTIVE DATE: November 1, 2018