

# PAIN MANAGEMENT CRITERIA CHECKLIST

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

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

## INDICATIONS FOR USE

### NITROUS OXIDE

Patients requiring analgesia for pain resulting from trauma involving isolated extremity injuries defined as: shoulders to fingers including singular clavicle fracture, hips to toes, and who meet the following criteria:

1. Hemodynamically stable (sustained vital signs within normal limits); **AND**
2. Alert, oriented and able to comply with instructions

### METHOXYFLURANE

Patients requiring analgesia for pain resulting from trauma **ONLY** and who meet the following criteria:

1. Hemodynamically stable (sustained vital signs within normal limits); **AND**
2. Alert, oriented and able to comply with instructions; **AND**
3. Aged 18 to 75 years of age

CONTRAINDICATIONS	NITROUS OXIDE	METHOXYFLURANE
	YES <input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/>
Current Antibiotic Use	DOES NOT APPLY	<input type="checkbox"/>
Scuba Diving Within 24 Hours of Administration	<input type="checkbox"/>	DOES NOT APPLY
Nitroglycerin Use Within 15 Minutes of Administration	<input type="checkbox"/>	DOES NOT APPLY
Previous Hypersensitivity to Methoxyflurane &/or Nitrous Oxide	<input type="checkbox"/>	<input type="checkbox"/>
Methoxyflurane Use Within the Last 7 Days	DOES NOT APPLY	<input type="checkbox"/>
Malignant Hyperthermia (MH) or Family History of MH	DOES NOT APPLY	<input type="checkbox"/>
Liver &/or Renal Disease	DOES NOT APPLY	<input type="checkbox"/>
Pregnancy &/or Breastfeeding	DOES NOT APPLY	<input type="checkbox"/>
Muscular Dystrophy	DOES NOT APPLY	<input type="checkbox"/>

**\* 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.**