

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, the Pain Management: Methoxyflurane Pre-Administration Checklist and the Pain Management: Acetaminophen and Ibuprofen Checklist, a Qualified Provider¹ will utilize this checklist to establish that all contraindications are ruled out prior to the administration of either nitrous oxide, methoxyflurane and/or acetaminophen and ibuprofen.

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

ACETAMINOPHEN and IBUPROFEN

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

CONTRAINDICATIONS	NITROUS OXIDE	METHOXYFLURANE	APAP / IBU
	YES <input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/>
Current Antibiotic Use	DOES NOT APPLY	<input type="checkbox"/>	DOES NOT APPLY
Scuba Diving Within 24 Hours of Administration	<input type="checkbox"/>	DOES NOT APPLY	DOES NOT APPLY
Nitroglycerin Use Within 15 Minutes of Administration	<input type="checkbox"/>	DOES NOT APPLY	DOES NOT APPLY
Previous Hypersensitivity to Methoxyflurane	DOES NOT APPLY	<input type="checkbox"/>	DOES NOT APPLY
Previous Hypersensitivity to APA or IBU or NSAIDs	DOES NOT APPLY	DOES NOT APPLY	<input type="checkbox"/>
Methoxyflurane Use Within the Last 7 Days	DOES NOT APPLY	<input type="checkbox"/>	DOES NOT APPLY
Malignant Hyperthermia (MH) or a Family History of MH	DOES NOT APPLY	<input type="checkbox"/>	DOES NOT APPLY
Liver &/or Renal Disease	DOES NOT APPLY	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy	DOES NOT APPLY	<input type="checkbox"/>	<input type="checkbox"/>
Breastfeeding	DOES NOT APPLY	<input type="checkbox"/>	DOES NOT APPLY
Muscular Dystrophy	DOES NOT APPLY	<input type="checkbox"/>	DOES NOT APPLY
Acetaminophen &/or ibuprofen use within last 4 hours	DOES NOT APPLY	DOES NOT APPLY	<input type="checkbox"/>
History of gastrointestinal ulcers	DOES NOT APPLY	DOES NOT APPLY	<input type="checkbox"/>

*** If YES is checked for any of the contraindications listed above then administration of that analgesia is not permitted.**

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