



Jackson Hole Fire/EMS Operations Manual

Approved by: Will Smith
Will Smith, MD, Medical Director

Approved by: Willy Watsabaugh
Willy Watsabaugh, Chief

Title: **Medication Protocol:
Dilaudid**

Division: 17
Article: 1.32
Revised: May 1, 2015
Pages: 2

Hydromorphone (Dilaudid) (Medication Protocol)

PARAMEDIC PROVIDERS

STANDING ORDER

CLASS: Narcotic analgesic/synthetic opioid agonist

**PHARMACOLOGY/
ACTIONS:** Analgesic with long duration of action. Minimal histamine release with minimal hemodynamic compromise and minimal nausea/vomiting.

ONSET/DURATION: Onset: 5 minutes / Duration: 4-5 hours.

**USE IN FIELD/
INDICATIONS:**

- Severe pain in stable patients.
- Analgesia after ALS airway

CONTRAINDICATIONS: Altered mental status, shock/hypotension, or concern of falling blood pressure, hypersensitivity to Dilaudid.

SIDE EFFECTS: Respiratory depression, bradycardia, hypotension, nausea, vomiting. Hypertension is rare.

DRUG INTERACTIONS: Side effects may increase with alcohol or drugs that are CNS depressants and other narcotics.

ROUTE: IV / IO / IM

DOSAGE:

ADULT	PEDIATRIC (<45 kg)
-------	--------------------

If severe pain, SBP >100 and normal mental status:

(> 5 YO)

IV/IO: 0.5-1.0 mg every 30 min prn pain (max 2mg)

IV/IO: 0.015 mg/kg. Max 1 mg.

IM: 1 mg every 30 min prn pain (max 2mg)

IM: 0.015 mg/kg/ Max 1 mg.

PREGNANCY SAFETY: Category C: Risk cannot be ruled out. Give only if potential benefits justifies risk to fetus.

**COMMENTS: SCHEDULE II NARCOTIC:
Security protocol is the responsibility of Jackson Hole Fire/EMS.**

DEA Schedule II drug with potential for abuse.

Monitor blood pressure, respirations and mental status carefully.
Be prepared for respiratory depression. Have equipment to assist respirations and Naloxone (Narcan) prepared for drug reversal if necessary.

Hypotension after Dilaudid should be treated with fluids.

Use with caution in the following situations:

- Head injury
- Multi-systems trauma
- Patients with whom respiratory depression should be avoided (asthma/COPD)
- Patients with altered mental status
- At altitudes >8,000 ft, respiratory depression may be exacerbated