

PEDIATRIC PAIN MANAGEMENT

ALWAYS USE STANDARD PRECAUTIONS

INDICATION

- To provide analgesia for pediatric patients (6 months to 14 years or up to 45 kg), especially if anticipated extrication, movement, or transportation would exacerbate the patient's level of pain


PHYSICIAN CONSULT

- Patients less than 6 months of age
- Patients with head, chest, or abdominal trauma; decreased respirations; ALOC (GCS < 15)
- Additional doses of narcotic after initial doses administered

CRITICAL INFORMATION

- Measure with color-coded resuscitation tape and treat according to the Pediatric Dosing Guide (P18A). Apply corresponding wrist band.
- Origin of pain (examples: isolated extremity trauma, chronic medical condition, burns, abdominal pain, multi-system trauma)
- Mechanism of injury
- Approximate time of onset
- Complaints or obvious signs of discomfort
- Use Visual Analog Scale (0-10) or Wong/Baker Faces Pain Rating Scale (see Appendix A). Express results as a fraction (i.e. 2/10 or 7/10).

TREATMENT

- ALS RMC
- **Morphine Sulfate** 0.1mg/kg IV/IO/IM; MR x 2 in 15 minutes following IV/IO administration, or in 30 minutes following IM administration.  Physician consult for additional doses OR
- **Fentanyl** 1 mcg/kg slow IV/IO/IN; MR q 5 minutes; max dose 3 mcg/kg; for IN divide dose evenly between nares
- Have **Narcan** available
- If nausea/vomiting, consider **Ondansetron** (Zofran ©)
 - Ages 2-3: 2mg ODT or slow IV/IO over 30 seconds; MR x1 in 10 minutes
 - Age ≥4: 4mg ODT or slow IV/IO over 30 seconds; MR x 1 in 10 minutes

DOCUMENTATION- ESSENTIAL ELEMENTS

- Initial and post treatment pain score, expressed in a measurable form (i.e. 7/10)
- Interventions used for pain management (i.e. ice pack, splint, **Morphine Sulfate** or **Fentanyl**)
- Reassessments made after interventions
- Initial and post treatment vital signs (including GCS in patients with ALOC)
- Physician consult if required