

## PEDIATRIC PROTOCOL

## PAIN MANAGEMENT

3-5 kg	6-7 kg	8-9 kg	10-11 kg	12-14 kg	15-18 kg	19-23 kg	24-29 kg	30-36 kg
6-11 lbs	13-15 lbs	18-20 lbs	22-24 lbs	26-31 lbs	33-40 lbs	42-51 lbs	53-64 lbs	66-81 lbs
18-24 in	24-26 in	26-29 in	29-33 in	33-38 in	38-43 in	43-48 in	48-52 in	52-57 in

Airway / Breathing

Circulation / Shock

Cardiac

Medical

Trauma

## PATIENT HAS:

- Burns
- Intractable Flank Pain
- Intractable Back Pain
- Musculoskeletal and / or Fracture Pain
- Sickle Cell Pain Crisis (Use Supplemental O2)
- Unremitting Abdominal Pain

CARDIAC MONITOR

CAPNOGRAPHY PROCEDURE

fentaNYL

1 mcg / kg IV / IO/ IN / IM up to 50 mcg / dose  
REPEAT If no Improvement in 10 – 15 Mins

q 10 min prn – Max 2 doses / up to Max 100 mcg cumulative

**⚠** If fentaNYL is unavailable, see medication section for Morphine SulfatePain Other Than Listed  
Contact Online Medical Control

## NOT FOR

Altered Mentation,  
Traumatic Abdominal Pain, Head  
Trauma, Hypovolemia

Monitor Airway, Breathing, Vitals

TRANSPORT to appropriate facility

CONTACT receiving facility

CONSULT Medical Control where indicated

APPROPRIATE transfer of care

EMT Intervention

AEMT Intervention

PARAMEDIC Intervention

Online Medical Control

# PAIN MANAGEMENT

HISTORY	SIGNS AND SYMPTOMS	DIFFERENTIAL DIAGNOSIS
<ul style="list-style-type: none"> <li>Age / onset</li> <li>Location</li> <li>Duration</li> <li>Severity (0 - 10)</li> <li>Past medical history</li> <li>Medications</li> <li>Drug allergies</li> </ul>	<ul style="list-style-type: none"> <li>Severity (pain scale)</li> <li>Quality (sharp, dull, etc.)</li> <li>Radiation</li> <li>Relation to movement, respiration</li> <li>Increased with palpation of area</li> </ul>	<ul style="list-style-type: none"> <li>Per the specific protocol</li> <li>Musculoskeletal</li> <li>Visceral (abdominal)</li> <li>Cardiac</li> <li>Pleuritic (respiratory)</li> <li>Neurogenic</li> <li>Renal (colic)</li> </ul>

## PAIN SCALE

### The Wong-Baker Faces Pain Rating Scale

Designed for children aged 3 years and older, the Wong-Baker Faces Pain Rating Scale is also helpful for elderly patients who may be cognitively impaired. It offers a visual description for those who don't have the verbal skills to explain how their symptoms make them feel.



To use this scale, your doctor should explain that each face shows how a person in pain is feeling. That is, a person may feel happy because he or she has no pain (hurt), or a person may feel sad because he or she has some or a lot of pain.

### A Numerical Pain Scale

A numerical pain scale allows you to describe the intensity of your discomfort in numbers ranging from 0 to 10 (or greater, depending on the scale). Rating the intensity of sensation is one way of helping your doctor determine treatment. Numerical pain scales may include words or descriptions to better label your symptoms, from feeling no pain to experiencing excruciating pain. Some researchers believe that this type of combination scale may be most sensitive to gender and ethnic differences in describing pain.

## KEY POINTS

- Exam: Mental Status, Area of Pain, Neuro**
- Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage.
- Pain is subjective (whatever the patient says it is).
- Pain severity (0-10) is a vital sign to be recorded pre and post medication delivery and at disposition.
- Vital signs should be obtained pre, 10 minutes post, and at disposition with all pain medications.
- Contraindications to morphine use include hypotension, head injury, and respiratory distress.
- All patients should have drug allergies documented prior to administering pain medications.
- All patients who receive pain medications must be observed 15 minutes for drug reaction.
- All patients who receive medication for pain must have continuous ECG monitoring, pulse oximetry, and oxygen administration.
- The patient's vital signs must be routinely reassessed.
- Routine assessments and reassessments must be documented on the run report.
- Have Naloxone (Narcan) on hand if the patient has respiratory depression or hypotension after fentanyl (SUBLIMAZE) administration.
- NOT FOR** Altered Mentation, Traumatic Abdominal Pain, Head Trauma, Hypovolemia, Multiple Trauma