



Pain Management

Aliases

Analgesia

Pain control

Patient Care Goals

1. Compassionately manage all patients with pain
2. Minimize adverse events in the treatment of pain

Patient Presentation

Inclusion Criteria

Patients who are experiencing pain regardless of transport interval

Exclusion Criteria

Pregnancy with active labor

Patient Management

Assessment, Treatment, and Interventions

1. Choice of medication class, route of administration, dosing and frequency are based on pain severity and the need for escalation from oral to parenteral routes
2. The dosing guidelines apply to patients of all ages except where noted
3. Determine patient's pain score assessment using standard pain scale
 - a. Less than 4 years old or those with cognitive impairment unable to self-report:
 - i. Observational Scales
 1. [Faces, Legs, Arms, Cry, Consolability \(FLACC\)](#)
 2. **Children's Hospital of Eastern Ontario Pain Scale (CHEOPS)**
 - i. 4–12 years old:
 - i. Self-report scale
 1. [Wong Baker Faces](#)
 2. **Faces Pain Scale (FPS)**
 3. **Faces Pain Scale Revised (FPS-R)**
 - c. Greater than 12 years old:
 - i. Self-report scale
 1. **Numeric Rating Scale (NRS)**
 4. Non-pharmacologic pain management options include
 - a. Placement of the patient in a position of comfort
 - b. Application of ice packs and/or splints for pain secondary to trauma
 - c. Verbal reassurance to control anxiety
 5. Minor pain or as an adjunct for moderate/severe pain consider the following non-opioid analgesic options:
 - a. Acetaminophen 15 mg/kg PO or IV (maximum dose 1 g)
 - b. Nonsteroidal anti-inflammatories
 - i. Ibuprofen 10 mg/kg PO for patients greater than 6 months of age (maximum dose 800 mg) OR