

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	9018.08
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	Pediatric Pain Management	Last Approved Date:	03/08/23
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 Signature on File
 EMS Medical Director

 Signature on File
 EMS Administrator

Purpose:

- A. To establish the treatment standard in treating pediatric patients with complaints of pain.

Authority:

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

Protocol:

Every patient deserves to have their pain managed. ~~Consider reassurance, adjusting position of comfort, ice or heat, and gentle transport before deciding to treat with narcotic medication.~~ Not all painful conditions require advanced life support (ALS) intervention. Basic life support (BLS) pain management methods (reassurance, adjusting position of comfort, ice or heat, and gentle transport) can be considered before deciding to treat with an analgesic medication.

NOTE: Analgesic medications should be considered in ALL patients complaining of pain. With the exception of Ketamine and Acetaminophen, analgesics should be avoided if the patient's systolic blood pressure (SBP) is <90 mmHg, respiratory rate (RR) is ≤6 breaths per minute and/or decreased sensorium or suspicion of traumatic brain injury.

Criteria for use of opiate medication for pain control (All criteria must be met):

Burns:

- ~~1. Partial or full thickness burn(s) with moderate to severe pain and without evidence of shock or altered mental status.~~
- ~~2. Systolic blood pressure (SBP) > [70 + 2x age]~~
- ~~3. Respiratory rate (RR) > minimum appropriate for age and SpO₂ ≥ 94% irrespective of oxygen.~~

Trauma:

- ~~1. Moderate to severe pain from amputations and/or suspected rib fractures, extremity fracture(s), including hip or shoulder injuries, or dislocations~~
- ~~2. No evidence of head injury and GCS = 15 or baseline~~
- ~~3. SBP > [70 + 2x age]~~
- ~~4. RR > minimum appropriate for age and SpO₂ ≥ 94%~~

Other (i.e. non-traumatic abdominal pain, sickle cell crisis, cancer pain):

- ~~1. Moderate to Severe pain~~
- ~~2. SBP > [70 + 2x age]~~
- ~~3. RR > minimum appropriate for age and SpO₂ ≥ 94%~~

~~A. Avoiding hypothermia is imperative to the management of the critical pediatric patient. Passive warming measures including warm ambient/environmental temperature, use of blanket, covering head may be used to maintain normal body temperature >37°C or 98.6°F.~~

BLS
<ol style="list-style-type: none">1. Assess and support ABCs as needed2. Supplemental O₂ as necessary to maintain SpO₂ ≥ 94%. Use the lowest concentration and flow rate of O₂ as possible.3. Assess and treat as appropriate for underlying cause.4. Transport.
ALS
<ol style="list-style-type: none">1. Advanced Airway Adjuncts as needed. PD# 8837 – Pediatric Airway Management2. Cardiac Monitor and SpO₂.3. Initiate vascular access4. Document pain scale (sample scale attached below) with initial assessment/vital signs, after each administration of medication, and after all procedures.5. Pain medication shall be titrated to relief if pain not effectively managed with basic life support (BLS) pain management methods. ONLY USE ONE (1):6. Fentanyl Citrate:<ol style="list-style-type: none">a. Burn:<ol style="list-style-type: none">a. 1 mcg/kg slow IV/IO/IN push q 5 minutes. Max dose of 3 mcg/kg totalb. Trauma:<ul style="list-style-type: none">● 1 mcg/kg slow IV/IO/IN push q 5 minutes. Max dose of 2 mcg/kg totalc. Other:<ul style="list-style-type: none">● 1 mcg/kg slow IV/IO/IN push q 5 minutes. Max dose of 2 mcg/kg total7. Morphine Sulfate (if Fentanyl is unavailable):<ul style="list-style-type: none">● 0.1 mg/kg slow IV/IO push q 5 minutes. Max dose of 0.2 mg/kg.a. Burn:<ul style="list-style-type: none">● ** 0.1mg/kg slow IV/IO push q 5 minutes. Max dose of 0.3 mg/kg.b. Trauma:<ul style="list-style-type: none">● ** 0.1mg/kg slow IV/IO push q 5 minutes. Max dose of 0.2 mg/kg.c. Other:<ul style="list-style-type: none">● 0.1mg/kg slow IV/IO push q 5 minutes. Max dose of 0.2 mg/kg total <p>** Avoid morphine in hypovolemic patients.</p> <ol style="list-style-type: none">8. Acetaminophen (if available):<ol style="list-style-type: none">a. For ages ≥ 5 years and/or ≥ 10 kgb. 15 mg/kg IV/IO infusion over 15 minutes (maximum dose 1000 mg) or 15 mg/kg PO (maximum dose 1000 mg)

Examples of a 0-10 Pain Scales

Wong-Baker FACES Pain Rating Scale



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Cross Reference: PD# 9004 - Pediatric Burns
PD# 9017 - Pediatric Trauma
PD# 9016 - Pediatric Parameters
~~PD# 8837 - Pediatric Airway Management~~