

GENERAL PAIN MANAGEMENT - PEDIATRIC

EMR	<ul style="list-style-type: none"> □ Routine Medical Assessment and Intervention. □ Oxygen as appropriate. □ Position of comfort. □ Assess level of pain via Wong-Baker faces 	EMR
 <p>The image shows the Wong-Baker Faces Pain Rating Scale, which consists of six faces arranged in a row. Each face has a different expression representing a level of pain, with a number and description below it: 0 NO HURT (smiling), 2 HURTS LITTLE BIT (neutral), 4 HURTS LITTLE MORE (frowning), 6 HURTS EVEN MORE (frowning with closed eyes), 8 HURTS WHOLE LOT (frowning with sweat drops), and 10 HURTS WORST (frowning with many sweat drops).</p>		
EMT		EMT
AEMT	<ul style="list-style-type: none"> □ Initiate vascular access □ May consider Nitrous Oxide if available and self administered (if no abdominal pain and no pneumothorax). 	AEMT
EMT-I	<ul style="list-style-type: none"> □ May consider Fentanyl 1 mcg/kg IV/IM/IO/IN, titrated to reduction in pain – may repeat every 5 minutes as needed. Max dose 4mcg/kg for any pediatric patient. □ May consider Morphine 0.05 to 0.1 mg/kg slow IV/IO/IM. May repeat every 10 minutes. Titrate to pain. Max dose 10 mg. □ Consider Zofran 0.1 mg/kg max dose of 4mg IV/IO/IM for associated nausea. 	EMT-I
PARAMEDIC	<ul style="list-style-type: none"> □ May consider Promethazine 0.25mg/kg IM/IO/IV (be sure to dilute if administered IV/IO) for associated nausea – max dose of 6.25mg. □ May consider Versed 0.1 mg/kg IV/IO/IM/IN for added sedation and to potentiate effects of pain medications. □ May consider Dilaudid, 0.015 mg/kg IV//IO/IM 	PARAMEDIC

Clinical Care Pearls

- Obtain level of pain via Wong-Baker ‘Faces’ pain rating scale
- Administration of narcotic analgesia should be completed in an incremental manner - Providers have the discretion to administer a lower starting dose if desired.
- Providers must ensure adequate time between administrations of narcotic analgesia to allow for onset of action/effect. Administrations spaced too closely may result in over sedation.
- In most situations, the use of narcotic analgesia should be reserved for those patients with moderate to severe pain. Mild pain may be managed by restrictions of movement/immobilization or the use of Nitrous Oxide.
- Nausea/vomiting associated with the administration of narcotic analgesia are frequently the result of rapid administration of the medication. Individual doses of narcotic analgesia should be administered over 1 to 2 minutes.
- Toradol is contraindicated in the pediatric patient.