	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	9018.07
	PROGRAM DOCUMENT: **Pediatric Pain Management**	Initial Date:	07/23/13
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EMS Medical Director

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:

A. 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.

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 SpO_2 ≥ 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 SpO_2 ≥ 94%

B. 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

1. Assess and support ABCs as needed
2. Supplemental O_2 as necessary to maintain $SpO_2 \geq 94\%$. Use the lowest concentration and flow rate of O_2 as possible.
3. Assess and treat as appropriate for underlying cause.
4. Transport.

ALS

1. Advanced Airway Adjuncts as needed. Refer to PD# 8837 - Pediatric Airway Management
2. Cardiac Monitor and SpO_2.
3. Initiate vascular access
4. 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:**
   a. Burn:
      - 1 mcg/kg slow IV/IO/IN push q 5 minutes. Max dose of 3 mcg/kg total

   b. Trauma:
      - 1 mcg/kg slow IV/IO/IN push q 5 minutes. Max dose of 2 mcg/kg total

   c. Other:
      - 1 mcg/kg slow IV/IO/IN push q 5 minutes. Max dose of 2 mcg/kg total

7. Morphine Sulfate:
   a. Burn:
      - ** 0.1mg/kg slow IV/IO push q 5 minutes. Max dose of 0.3 mg/kg.

   b. Trauma:
      - ** 0.1mg/kg slow IV/IO push q 5 minutes. Max dose of 0.2 mg/kg.

   c. Other:
      - 0.1mg/kg slow IV/IO push q 5 minutes. Max dose of 0.2 mg/kg total

** Avoid morphine in hypovolemic patients.

Examples of a 0-10 Pain Scales

	0
Minor Able to adapt to pain	**1** **Very Mild**
	2 **Discomforting**
	3 **Tolerable**
Moderate Interferes with many activities.	**4** **Distressing**
	5 **Very Distressing**
	6 **Intense**
Severe Patient is disabled and unable to function independently.	**7** **Very Intense**
	8 **Utterly Horrible**
	9 **Excruciating Unbearable**
	10 **Unimaginable Unspeakable**

Wong-Baker FACES Pain Rating Scale

From Wong D.L., Hockenberry-Eaton M., Wilson D., Winkelstein M.L., Schwartz P.: Wong's Essentials of Pediatric Nursing, ed. 6, St. Louis, 2001, p. 1301. Copyrighted by Mosby, Inc. Reprinted by permission.

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