

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	9018.09
	PROGRAM DOCUMENT: Pediatric Pain Management	Initial Date:	07/23/13
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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. 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 ≤ 10 breaths per minute and/or decreased sensorium or suspicion of traumatic brain injury.

BLS
1. Assess and support ABCs as needed 2. Supplemental O ₂ as necessary to maintain SpO ₂ ≥ 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. 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. <ul style="list-style-type: none"> a. Fentanyl Citrate <ul style="list-style-type: none"> • 1 mcg/kg (maximum single dose 100 mcg) slow IV, IO, or IN every 5 minutes. Maximum cumulative dose of 3 mcg/kg (300 mcg) total. b. Morphine Sulfate (if Fentanyl is unavailable) <ul style="list-style-type: none"> • 0.1 mg/kg (maximum single dose 10mg) slow IV, IO, or IN every 5 minutes.

- Maximum cumulative dose of 0.2 mg/kg (20 mg).
- c. Ketamine
 - Mix 0.3 mg/kg Ketamine (maximum single dose = 30mg) in 50-100cc normal saline solution (NSS) or D5W and administer slow IV drip over ten (10) minutes.
 - If pain remains at, or returns to, moderate or severe, you may administer a second dose of 0.3 mg/kg Ketamine (max dose=30 mg) in 50-100cc NSS or D5W and administer slow IV drip over ten (10) minutes.
 - d. Acetaminophen (Ages ≥ 4 years and/or ≥ 10 kg)
 - 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

	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