

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	9018.05
	<u>PROGRAM DOCUMENT:</u> Pediatric Pain Management	Initial Date:	07/23/13
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EMS Medical Director

EMS Administrator

Purpose:

- A. To serve as treatment standard for EMT's and Paramedics 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.

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

Burns:

- 1. Partial or full thickness burn(s) with severe pain and without evidence of mechanism of internal head, chest or abdominal injury
- 2. SBP > [70 + 2x age]
- 3. RR > minimum appropriate for age

Trauma:

- 1. Severe pain from amputations and/or suspected extremity fracture(s), including hip or shoulder injuries, or dislocations
- 2. No history of syncope
- 3. No evidence of head injury and GCS = 15 or baseline
- 4. No evidence of torso injury on complete secondary exam
- 5. SBP > [70 + 2x age]
- 6. RR > minimum appropriate for age

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

- 1. Severe pain
- 2. SBP > [70 + 2x age]
- 3. RR > minimum appropriate for age

BLS TREATMENT

Assess and support CAB as needed

Supplemental O2 as necessary to maintain SpO2 \geq 94%. Use the lowest concentration and flow rate of O2 as possible.

Assess and treat as appropriate for underlying cause.

ALS TREATMENT

Advanced Airway Adjuncts as needed.

Cardiac Monitor and SpO2.

IV/IO access as needed with saline lock.

Fentanyl Citrate:

Burn:

1 mcg/kg slow IV/IO/IN push q 5 minutes. Max dose of 3 mcg/kg total

Trauma:

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

Other:

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

Morphine Sulfate:

Burn:

** 0.1mg/kg slow IV/IO push q 5 minutes. Max dose of 0.3 mg/kg.

Trauma:

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

Other:

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

** Avoid morphine in hypovolemic patients.

NOTE: Document pain scale (sample scale attached below) with initial assessment/vital signs, after each administration of medication, and after all procedures.

Pain medications shall be titrated to relief.

Use only one pain medication.

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: Pediatric Burns, PD# 9004.
 Pediatric Trauma, PD# 9017.
 Pediatric Parameters, PD# 9016.
 Pediatric Airway Management PD# 8837