



Pediatric Pain Management

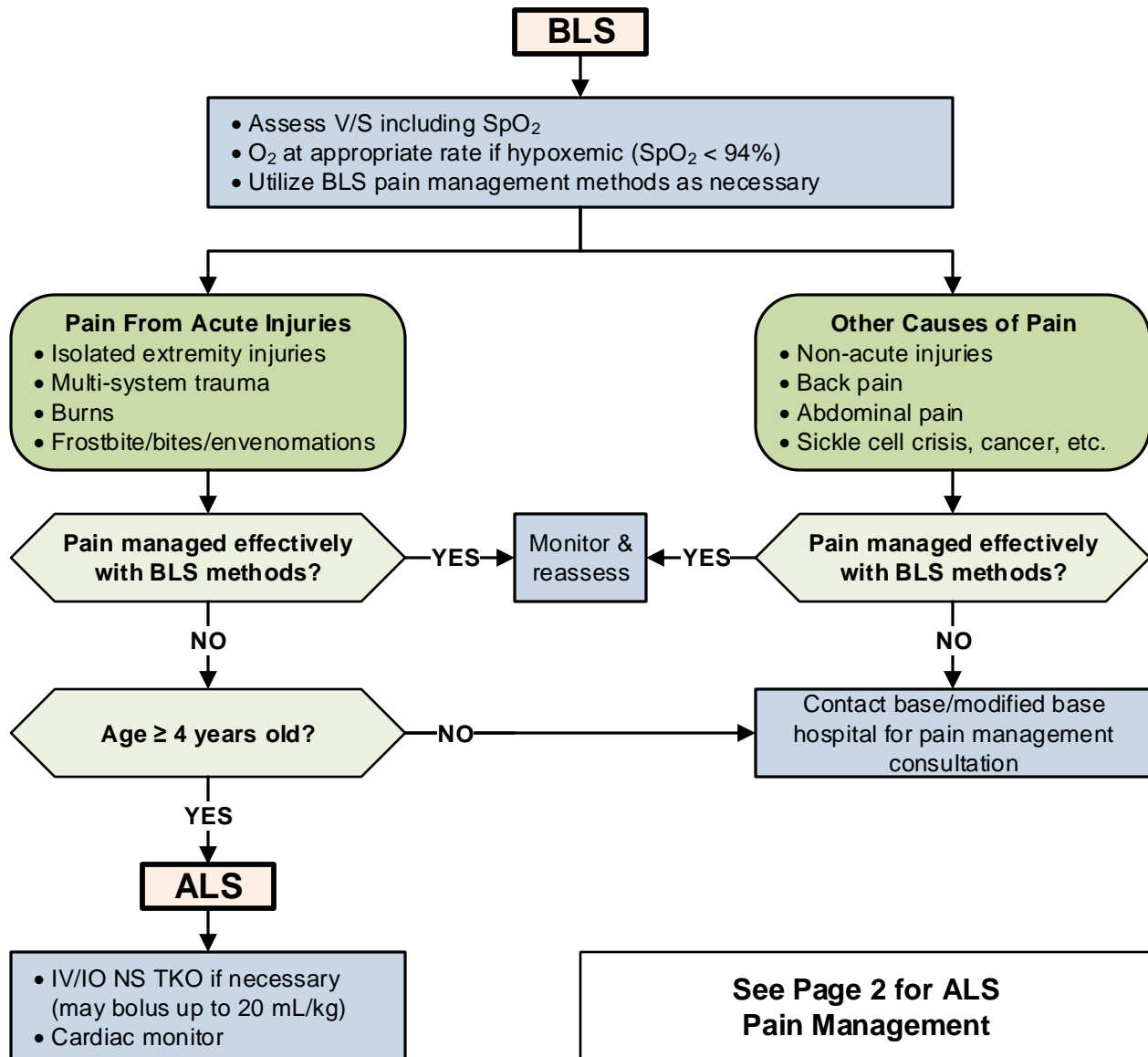
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Approval: Victoria Pinette – Executive Director

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- Whenever feasible, behavioral measurement of pain should be used in conjunction with self-report. Interpretation of pain behaviors and decision-making regarding treatment of pain requires consideration of the context in which the pain behaviors are observed.
- Not all painful conditions require ALS intervention. BLS pain management methods (splinting, positioning, compression, ice, verbal assurance, etc.) are effective in managing pain and may be sufficient for certain pts.
- Multiple factors must be considered in determining the most appropriate analgesic(s) to administer for pain management (medication availability & contraindications, clinical impression, pt. history, etc.).
- IV acetaminophen and/or ketorolac are considered first-line analgesics for pts with mild – moderate pain.
- Opioids or ketamine are considered first-line analgesics for pts with severe pain (pain score typically ≥ 7).
- Continuous cardiac and SpO₂ monitoring are required for all pts receiving analgesics.
- Medication doses, pt. response and reason for administration shall be adequately documented in the PCR.





Pediatric Pain Management

ALS Pain Management

**Any Pain Severity Not Effectively Managed With BLS Methods
May administer one or both of the following:**

Acetaminophen

- 15 mg/kg IV/IO infusion over 15 minutes (maximum = 1000 mg) – single dose only

Ketorolac

- 0.5 mg/kg IV/IO or IM (maximum = 15 mg) – single dose only

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- ① Acetaminophen and/or ketorolac may be administered in addition to opioids or ketamine for pts with severe pain
 - ① Do not administer acetaminophen to pts with severe hepatic impairment or active liver disease
 - ① Do not administer ketorolac to pts who have any of the following contraindications:
 - Multi-system trauma - Active bleeding - Current anticoagulation therapy
 - Pregnancy - Current steroid use - Hx of GI bleeding or ulcers
 - Hx of asthma - NSAID allergy - Hx of renal disease/insufficiency/transplant



**Severe Pain, Pain Not Effectively Managed With Acetaminophen/Ketorolac,
Acetaminophen/Ketorolac Contraindicated, or Acetaminophen/Ketorolac not available**

Fentanyl (opioid)

- 1 mcg/kg slow IV/IO (over 1 minute) or IM/IN (maximum = 50 mcg)
- May repeat every 5 minutes (maximum = 4 doses)

Morphine Sulfate (opioid)

- 0.1 mg/kg slow IV/IO (over 1 minute) or IM (maximum = 5 mg)
- May repeat every 5 minutes (maximum = 4 doses)

Ketamine (non-opioid)

- 0.3 mg/kg slow IV/IO (over 1 minute) or IM/IN (maximum = 15 mg)
- May repeat every 10 minutes (maximum = 4 doses)

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- ① Do not administer opioids to pts with any of the following contraindications:
 - Systolic BP < 100 - Hypoxia or RR < 12 - ALOC or evidence of traumatic brain injury
 - ① Do not administer ketamine to pts with any of the following contraindications:
 - Pregnancy - ALOC - Multi-system trauma or active bleeding
 - ① Do not administer opioids and ketamine to the same pt.
 - ① If administering fentanyl and morphine to the same pt., maximum cumulative dose = 4 total doses combined
 - ① Use lower doses of opioids/ketamine when co-administered with acetaminophen and/or ketorolac
 - ① Use caution when administering opioids or ketamine and midazolam to the same pt.