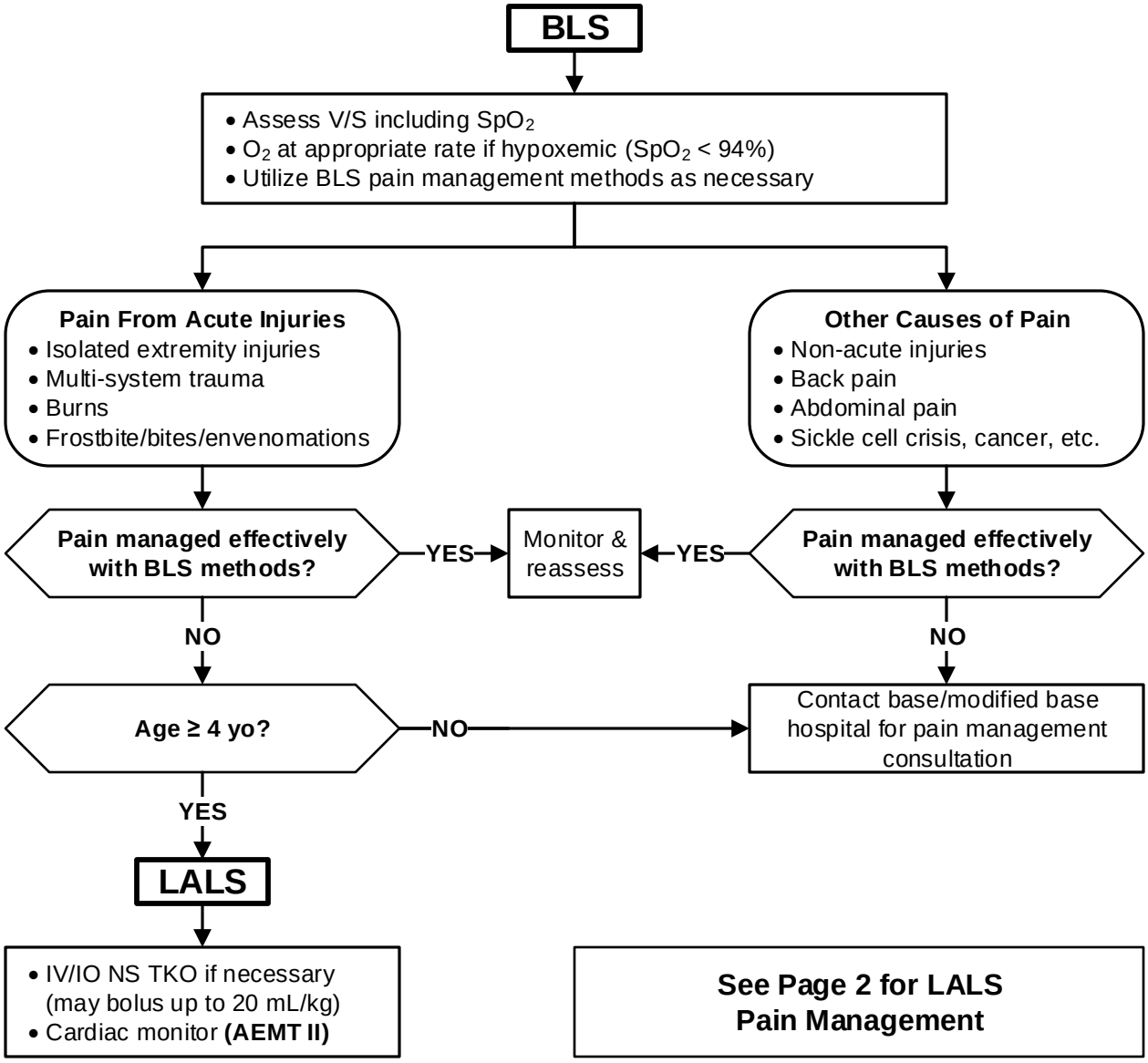
	Sierra – Sacramento Valley EMS Agency Treatment Protocol	P-34 (LALS)
	Pediatric Pain Management	
Approval: Troy M. Falck, MD – Medical Director		Effective: 10/01/2018
Approval: Victoria Pinette – Executive Director		Next Review: 09/2021

- **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 LALS (AEMT II) 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.).**
- **Continuous cardiac and SpO_2 monitoring are required for all pts receiving analgesics.**
- **Medication doses, pt. response and reason for administration shall be adequately documented in the PCR.**



ALS Pain Management

AEMT II ONLY

Pain Not Effectively Managed With BLS Methods

Morphine Sulfate

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

ⓘ Do not administer morphine sulfate to pts with any of the following contraindications:
- Systolic BP < 100 - Hypoxia or RR < 12 - ALOC or evidence of traumatic brain injury

ⓘ Use caution when administering morphine sulfate and midazolam to the same pt.