Sierra – Sacramento Valley EMS Agency Treatment Protocol	M-8P (LALS)
Pediatric Pain Management	
Approval: Troy M. Falck, MD – Medical Director	Effective: 10/01/2025
Approval: John Poland – Executive Director	Next Review: 07/2028

- All pts with a report of pain shall be appropriately assessed & treatment decisions/interventions shall be adequately documented on the PCR.
- A variety of pharmacological and non-pharmacological interventions may be utilized to treat pain. Consider the pt's hemodynamic status, age, and previous medical history/medications when choosing analgesic interventions.
- Treatment goals should be directed at reducing pain to a tolerable level; pts may not experience complete pain relief.

BLS

- Assess V/S including pain scale & SpO_2, every 15 mins or as indicated by pt's clinical condition
- Assess/document pain score using standard 1-10 pain scale before and after each pain management intervention and at a minimum of every 15 mins
- O_2 at appropriate rate if SpO_2 <94% or pt is short of breath
- Utilize non-pharmacological pain management techniques as appropriate, including:
  - Place in position of comfort and provide verbal reassurance to minimize anxiety
  - Apply ice packs &/or splints for pain secondary to trauma

Pain not effectively managed with non-pharmaceutical pain management techniques

Pain related to acute injury/ burns/frostbite?

NO →
- Contact base/modified base hosp. for pain management consultation
- May proceed with LALS treatment in the event of communication failure, if indicated by pt's condition

YES

LALS

- Continuous cardiac & EtCO2 monitoring **(AEMT II)** if administering fentanyl &/or midazolam
- IV/IO NS TKO – if indicated by pt's clinical condition or necessary for medication administration
  - May bolus up to 20 mL/kg if indicated by pt's clinical condition

Fentanyl (AEMT II): 1 mcg/kg slow IV/IO or IM/IN (max: 50 mcg) – may repeat every 5 mins (max 4 doses)
If pain not effectively managed:
Midazolam (AEMT II): 0.05 mg/kg slow IV/IO (max single dose: 1 mg) – may repeat after 5 min (max: 2 doses)

Fentanyl/Midazolam Contraindications & Administration Notes

- ⓘ For pts <4 yo, consult with base/modified base hospital prior to fentanyl &/or midazolam administration
- ⓘ Administer fentanyl/midazolam IV/IO doses over 60 seconds
- ⓘ Do not administer fentanyl/midazolam to pts with the following:
  - Hypotension (see Pediatric Hypotension Table), **OR**
  - SpO2 <94% or RR <12, **OR**
  - ALOC or suspected moderate/severe TBI
- ⓘ There is an increased risk of sedation & airway/respiratory compromise when admin. midazolam & fentanyl to the same pt

Pediatric Normal SBP & Hypotension Table

Age	Normal SBP	Hypotension
1-12 mos	70-100	SBP <70
1-2 yrs	80-110	SBP <70 + age (yrs) x 2
3-5 yrs	90-110	
6-9 yrs	100-120	
10-14 yrs	100-120	SBP <90