MERCED COUNTY EMS AGENCY

POLICY PEDIATRIC M2 PAIN MANAGEMENT

Effective Date : January 16,2017

Last Review: New Policy

Next Review: January 2019

Authority: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9

DEFINITION:

Pain is a subjective unpleasant sensory and emotional experience associated with actual or potential tissue damage. Any patient with a complaint of moderate or significant pain including but not limited to: burn patients, frostbite, bites and envenomation, crush injuries, extremity injuries, traumatic injuries, abdominal pain, sickle cell crisis, cancer, prolonged extrication, renal colic, etc.
May use morphine or fentanyl alone or in combination up to a max of 10 mg morphine equivalents

Morphine Equivalents: 10 mg morphine = 100 mcg fentanyl
5 mg morphine & 50 mcg fentanyl = 10 mg morphine

BLS TREATMENT:

OXYGEN: as appropriate, goal to maintain SPO2 at least 94%, Assist ventilations as necessary.
VITALS: assess vitals
POSITION: splint injured extremity, ice and elevation as needed to prevent swelling.
PSYCHOLOGICAL SUPPORT: reassure patient

ALS TREATMENT:

MONITOR: treat rhythm as appropriate
IV ACCESS: IV normal saline preferred, rather than saline lock
CAPNOGRAPHY: utilize wave form capnography for doses greater than 5 mg morphine equivalent
MORPHINE SULFATE:
IV 0.1 mg/kg may repeat every 5 to 10 minutes **ONLY** if systolic BP is above length based assessment tape target. Max total dose 10 mg. A max single dose is 2.5 mg.
IM 0.1 mg/kg may repeat once in 10 to 15 minutes **ONLY** if systolic BP is above length based assessment tape target. Max total dose 10 mg. A max single dose is 2.5 mg. If a repeat dose is needed, highly consider IV access.
FENTANYL:
IV: 1 mcg/kg max dose 25 mcg slow IV; may repeat every 5 minutes at 0.5 mcg/kg to 1 mcg/kg max dose of 25 mcg **ONLY** if systolic BP is above length based assessment tape target. Total max dose of 100 mcg or 10 mg morphine equivalents
IM: 1 mcg/kg max dose 50 mcg, may repeat every 15 to 20 minutes, **ONLY** if systolic BP is above length based assessment tape target; up to a max of 100 mcg or 10 mg morphine equivalents. If a repeat dose is needed highly consider IV access.
IN: 1.5 mcg/kg 50 mcg single max dose. Administer ½ dose to each nostril; may repeat once after 10 minutes **ONLY** if systolic BP is above length based assessment tape target.

CONTACT BASE HOSPITAL FOR DOSES EXCEEDING 20 MG MORPHINE EQUIVALENTS

DOCUMENTATION: Assessment of pain before and after each narcotic administration, utilize 0-10 pain scale. Medication dose and patient response, including vitals, must be documented with each narcotic administration.

CONSIDERATIONS: Administer Fentanyl slowly to prevent Rigid Chest Syndrome; Naloxone may reverse Rigid Chest Syndrome. Ondansetron can be used to prevent or treat nausea associated with narcotic administration, please refer to Adult Policy M1 Nausea and Vomiting. Do not utilize with patients who have a GCS less than 14, Use with caution in patients who have sustained a traumatic brain injury and are under the influence of other substances (alcohol, illicit drugs, and sedatives/hypnotics). If patient shows signs of respiratory depression (shallow respirations and rate less than 12) use Naloxone 0.5 mg IV, IN, and IM as necessary to increase respiratory rate. Do not use Naloxone for pin point pupils only.

Approved By: Ajinder Singh, MD
EMS Medical Director

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