



# Pain Control



## General (Pediatric)

### CRITERIA

Consider the totality of circumstances utilizing patient assessment, pain assessment tools, overall impression, and nature of the call from causes such as, but not limited to:

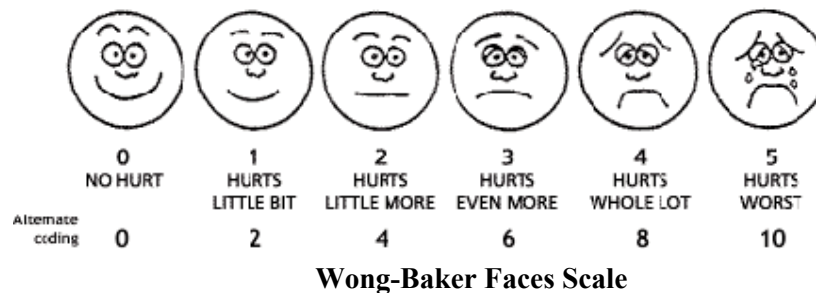
- Sickle-Cell crisis
- Isolated extremity injuries
- Cancer

### PROTOCOL

|            |  |            |
|------------|--|------------|
| <b>EMR</b> | Follow <i>General – Universal Patient Care/Initial Patient Contact Protocol</i> .  | <b>EMR</b> |
| <b>EMR</b> | Assess/measure baseline pain level using scale below.  | <b>EMR</b> |
| <b>EMR</b> | Assess for systolic blood pressure within normal limits.   | <b>EMR</b> |
| <b>I</b>   | For pediatric patients greater than one year of age and less than 40 kg administer <i>Zofran (Ondansetron) 0.15 mg/kg slow IV/IO up to a maximum dose of 4 mg</i> as necessary for nausea/vomiting.<br>For pediatric patients greater than one year of age and greater than 40 kg administer <i>Zofran (Ondansetron) 4 mg slow IV/IO</i> as necessary for nausea/vomiting. | <b>I</b>   |
| <b>[I]</b> | <i>Morphine Sulfate 0.1mg/kg IV/IO/IM</i> up to <b>maximum dose of 5 mg.</b>   | <b>[I]</b> |

### PEARLS

- Consider *Narcan (Naloxone) 0.1 mg/kg IV/IO, IN or IM* to a **maximum dose of 2 mg** if respiratory depression occurs.





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| FLACC SCALE<br>(FACE, LEGS, ACTIVITY, CRY, CONSOLABILITY)  |  |   |  |
|--|--|---|--|
| <i>FACE</i>  | <b>0</b><br>No particular expression or smile          | <b>1</b><br>Occasional grimace or frown, withdrawn, disinterested                       | <b>2</b><br>Frequent to constant frown, clenched jaw, quivering chin |
| <i>LEGS</i>  | <b>0</b><br>Normal position Or relaxed                 | <b>1</b><br>Uneasy, Restless, Tense   | <b>2</b><br>Kicking, Or Legs drawn up                                |
| <i>ACTIVITY</i>  | <b>0</b><br>Lying quietly Normal position Moves easily | <b>1</b><br>Squirming Shifting back/forth Tense   | <b>2</b><br>Arched Rigid Or Jerking                                  |
| <i>CRY</i>   | <b>0</b><br>No Cry<br>(Awake or Asleep)                | <b>1</b><br>Moans or Whimpers Occasional Complaint                                      | <b>2</b><br>Crying Steadily Screams or Sobs Frequent Complaints      |
| <i>CONSOLABILITY</i>   | <b>0</b><br>Content Relaxed                            | <b>1</b><br>Reassured by occasional touching, hugging, or 'talking to.'<br>Distractible | <b>2</b><br>Difficult to console or comfort.                         |
| <p>The <b>FLACC</b> is a behavior pain assessment scale for use in non-verbal patients unable to provide reports of pain.</p> <p><u>Instructions:</u></p> <ol style="list-style-type: none"><li>1. Rate patient in each of the five measurement categories.</li><li>2. Add together.</li><li>3. Document total pain score.</li></ol> |  |   |  |