



Section 10: Pediatric Medical Emergencies Protocols

PEDS MEDICAL EMERGENCIES: SEVERE PAIN MANAGEMENT

UNIVERSAL PATIENT CARE PROTOCOL
 IV / IO PROTOCOL
 CAPNOGRAPHY PROCEDURE

E	EMT	E
A	AEMT	A
P	PARAMEDIC	P
M	MED CONTROL	M

FENTANYL (Sublimaze)
 2 mcg/kg IN repeat in 10-15 minutes
 max dose=100 mcg
 Or
 0.5 – 2 mcg/kg IVP

- PATIENT HAS:**
- Burns
 - Intractable Flank Pain
 - Intractable Back Pain
 - Musculoskeletal and / or Fracture Pain
 - Sickle Cell Pain Crisis (Use Supplemental O2)
 - Unremitting Abdominal Pain

ONDANSETRON (ZOFRAN) if needed
 0.15 mg/kg IVP or IM over 2-4 minutes
 May Repeat X1 if Needed in 15 minutes

**Pain Other Than Listed
 CONTACT MED CONTROL**

OR

ONDANSETRON (ZOFRAN)
 Oral Dissolving Tabs
 4 mg Oral > 40 kg

NOT FOR
 Altered Mentation, Traumatic Abdominal Pain, Head Trauma, Hypovolemia, Multiple System Trauma

CAPNOGRAPHY REQUIRED
 If Administering Analgesics to Trauma Patients Not Listed Above

Monitor Airway, Breathing, Vitals

TRANSPORT to appropriate facility
 CONTACT receiving facility
 CONSULT Medical Direction where indicated



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PEDS MEDICAL EMERGENCIES: SEVERE PAIN MANAGEMENT-Cont.

PEARLS and KEY POINTS

HISTORY	SIGNS AND SYMPTOMS	DIFFERENTIAL DIAGNOSIS
<ul style="list-style-type: none"> • Age / onset • Location • Duration • Severity (0 - 10) • Past medical history • Medications • Drug allergies 	<ul style="list-style-type: none"> • Severity (pain scale) • Quality (sharp, dull, etc.) • Radiation • Relation to movement, respiration • Increased with palpation of area 	<ul style="list-style-type: none"> • Per the specific protocol • Musculoskeletal • Visceral (abdominal) • Cardiac • Pleuritic (respiratory) • Neurogenic • Renal (colic)

PAIN SCALE

The Wong-Baker Faces Pain Rating Scale

Designed for children aged 3 years and older, the Wong-Baker Faces Pain Rating Scale is also helpful for elderly patients who may be cognitively impaired. It offers a visual description for those who don't have the verbal skills to explain how their symptoms make them feel.



To use this scale, your doctor should explain that each face shows how a person in pain is feeling. That is, a person may feel happy because he or she has no pain (hurt), or a person may feel sad because he or she has some or a lot of pain.

A Numerical Pain Scale

A numerical pain scale allows you to describe the intensity of your discomfort in numbers ranging from 0 to 10 (or greater, depending on the scale). Rating the intensity of sensation is one way of helping your doctor determine treatment. Numerical pain scales may include words or descriptions to better label your symptoms, from feeling no pain to experiencing excruciating pain. Some researchers believe that this type of combination scale may be most sensitive to gender and ethnic differences in describing pain.

- Exam: Mental Status, Area of Pain, Neuro
 - Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage.
 - Pain is subjective (whatever the patient says it is).
 - Pain severity (0-10) is a vital sign to be recorded pre and post medication delivery and at disposition.
 - Vital signs should be obtained pre, 10 minutes post, and at disposition with all pain medications.
 - Contraindications to morphine use include hypotension, head injury, and respiratory distress.
 - All patients should have drug allergies documented prior to administering pain medications.
 - All patients who receive pain medications must be observed 15 minutes for drug reaction.
 - All patients who receive medication for pain must have continuous ECG monitoring, pulse oximetry, and oxygen administration.
 - The patient's vital signs must be routinely reassessed.
 - Routine assessments and reassessments must be documented on the run report.
 - Have Naloxone (Narcan) on hand if the patient has respiratory depression or hypotension after Morphine administration.
- NOT FOR** Altered Mentation, Traumatic Abdominal Pain, Head Trauma, Hypovolemia, Multiple Trauma