CCT: NEONATAL PAIN AND AGITATION

PURPOSE
A. To delineate the process for treating neonatal pain and agitation during transport.

SCOPE
A. This guideline applies to all members of the Indiana University Lifeline Critical Care Transport team.

DEFINITIONS
Minimally Invasive Procedures-includes but is not limited to: arterial or venipuncture, dressing changes, heel stick, injection, insertion of gastric tube, PIV or PICC placement, ROP exam, suctioning, tape removal and urinary catheterization.

Pain-an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of damage according to the International Association for the Study of Pain.

GUIDELINES
A. The inability to verbally communicate does not negate the possibility that an individual is experiencing pain or stress that requires treatment.
B. Pain evaluation for neonates transported is completed on every patient using a pain scale and recorded.
C. Documentation of initial assessment and drug/dose/time along with response of patient is required.
D. N-PASS (NP) pain scale is for patients 37+6 weeks or less.
E. FLACC (FL) pain scale is for patients 38 weeks or older.
F. Non-nutritive sucking and sucrose 24% will be used for management of pain in minimally invasive procedures.

PROCEDURES
A. Ensure well-functioning intravenous access prior to administration of medications.
B. Monitor airway and breathing.
C. Consider non pharmacologic measures in conjunction with medication administration, if appropriate:
   a. Swaddling
   b. Non-nutritive sucking
D. Analgesic Agents:
   a. Fentanyl 1-2 mCg/kg prn IV/IM
   b. Morphine sulphate 0.1mg-0.15mg/kg prn IV/IM
E. Sedative Agents:
   a. Midazolam hydrochloride (Versed) 0.1mg-0.15mg/kg prn IV/IM
i. Cautious use of midazolam in ELBW infants, as it can cause neuronal cellular apoptosis.

ii. Rapid onset of action with short half-life is associated with myoclonus when administered IV push.

F. Oral Sucrose:
   a. Sucrose 24% or Sweet Eaze
      i. Pacifier dip method- in neonates able to take their pacifier dip into sucrose solution and allow patient to suckle.
      ii. Syringe method-Place one drop at a time on anterior tongue or both sides of mouth, use caution in intubated patients.

G. Consult your control physician/NNP/PA-C prior to administration of muscle relaxants. This does not apply to the Neonatal RSI protocol.

Required Documentation:
A. Documentation of initial assessment as well as drug/dose/time and the patient’s response.

B. Document which pain scale was utilized
   a. N-PASS (NP) - less than 38 weeks gestation
   b. FLACC (FL) - 38 weeks gestation or greater

C. Appropriate narcotic recording per IU Health Pharmacy guideline

Citations/References:
