PAIN MANAGEMENT

- **Pediatric Routine Medical Care.** Monitor the patient closely
- **Have Naloxone readily available** to reverse any respiratory depression that may occur.
- See also: "Sedation" **page 139**
- Psychological coaching and BLS measures, including cold packs, repositioning, splinting, elevation and/or traction splints as appropriate, to reduce the need for pain medication.
- The preferred route of administration is intravenous (IV); however, if an IV cannot be started then give the medication intramuscularly (IM)

INTRODUCTION: The goal of this policy is to provide pain management to patients during treatment and transport. Morphine should be given in an amount sufficient to manage the pain, not necessarily eliminate it. Virtually all patients complaining of moderate/severe pain, regardless of the etiology, may be candidates for pain management, but morphine is a potent analgesic and should not be used indiscriminately.

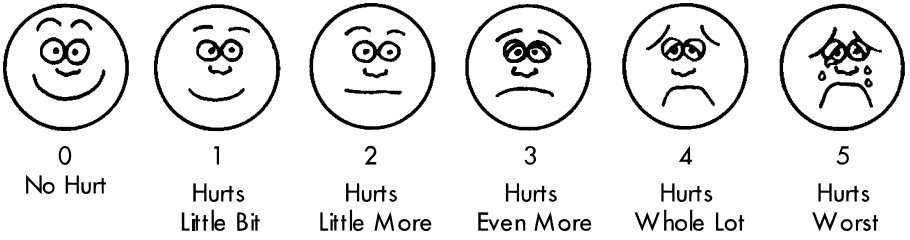
Pain Management Criteria	Base Contact Required	Treatment
Any patient with a complaint of significant pain, including: ➔ Significant extremity injuries ➔ Burn patients ➔ Crush injury patients ➔ Severe back and spinal pain ➔ Immobilized patients ➔ Abdominal pain	**No** unless > maximum dose of morphine sulfate is needed	**O_2** **IV NS or saline lock** **Morphine sulfate** (see dose chart below)
Critical Trauma patients, including: ►Abdominal trauma ►Thoracic trauma ►Head Trauma ➔ **Decreased respirations** ➔ **Altered mental status** ➔ **Patients with pain not covered above** ➔ **BP outside normal limits** - (see Length Base Resuscitation Tape)	**Yes**	**Contact the Base Physician** prior to administering any pain medication

Document level of pain (as a fraction - e.g.: 2/10 or 6/10) prior to and after the administration of MS:

►< 3 years old – Behavioral tool or FACES Scale:
►3 – 7 years old – FACES scale or visual analog scale
►8 – 14 years old – visual analog scale

	0	1	2
Face	No particular expression or smile	Occasional grimace or Frown, withdrawn, disinterested	Frequent to constant frown Clenched jaw, quivering chin
Legs	Normal or relaxed position	Uneasy, restless, tense	Kicking, or legs drawn up
Activity	Lying quietly, normal position, moves easily	Squirming, tense, shifting Back and forth	Arched, rigid or jerking
Cry	No cry (awake or asleep)	Moans or whimpers; occasional complaint	Cries steadily, screams, sobs, frequent complaints
Consolability	Content, relaxed	Reassured by "talking to, hugging; distractible	Difficult to console or comfort

PAIN MANAGEMENT



From Wong D.L., Hockenberry-Eaton M., Wilson D., Winkelstein M.L., Schwartz P.: Wong's Essentials of Pediatric Nursing, ed. 6, St. Louis, 2001, p. 1301. Copyrighted by Mosby, Inc. Reprinted by permission.

Brief initial instructions:

Point to each face using the words to describe the pain intensity. Ask the child to choose face that best describes own pain and record the appropriate number.

Original instructions:

Explain to the person that each face is for a person who feels happy because he has no pain (hurt) or sad because he has some or a lot of pain. Ask the person to choose the face that best describes how he/she is feeling.

➔ **Face 0** is very happy because he doesn't hurt at all

➔ **Face 2** hurts just a little bit

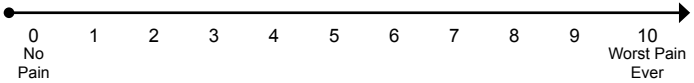
➔ **Face 4** hurts a little more

➔ **Face 6** hurts even more

➔ **Face 8** hurts a whole lot

➔ **Face 10** hurts as much as you can imagine, although you don't have to be crying to feel this bad

VISUAL ANALOG SCALE



Pediatric Morphine Dose Chart	
Morphine Sulfate IVP (0.05 mg/kg):	**Morphine Sulfate IM (0.1 mg/ kg):**
5 kg = 0.25 mg 10 kg = 0.5 mg 20 kg = 1 mg 30 kg = 1.5 mg 40 kg = 2 mg 50 kg = 2.5 mg	5 kg = 0.5 mg 10 kg = 1 mg 20 kg = 2 mg 30 kg = 3 mg 40 kg = 4 mg 50 kg = 5 mg
Maximum single dose: 2.5 mg/ dose may repeat x 1 in 5 minutes	**Maximum single dose: 5 mg/ dose may repeat x 1 in 20 minutes**