

**PAIN MANAGEMENT (# 7316)**

**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.

- **Routine Medical Care.** Monitor the patient closely,
- **Have Naloxone readily available** to reverse any respiratory depression that may occur.
- See also: "Sedation" policy # 10134
- **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).

<b>Pain Management Criteria</b>	<b>Base Contact Required</b>	<b>Treatment</b>
<b>Any patient with a complaint of significant pain, including:</b> <ul style="list-style-type: none"> <li>✓ Significant extremity injuries</li> <li>✓ Burn patients</li> <li>✓ Crush injury patients</li> <li>✓ Severe back and spinal pain</li> <li>✓ Immobilized patients</li> <li>✓ Abdominal pain</li> <li>✓ Patients with total prehospital times &gt; 10 minutes</li> </ul>	<p><b>No</b> unless &gt; maximum dose of MSO<sub>4</sub> is needed</p>	<p><b>O2</b> <b>IVNS</b> or <b>saline lock</b> <b>MSO<sub>4</sub></b> (see dose chart below)</p>
<ul style="list-style-type: none"> <li>✓ <b>Critical Trauma patients, including:</b> <ul style="list-style-type: none"> <li>• Abdominal trauma</li> <li>• Thoracic trauma</li> <li>• Head Trauma</li> </ul> </li> <li>✓ <b>Decreased respirations</b></li> <li>✓ <b>Altered mental status</b></li> <li>✓ <b>Total prehospital time &lt; 10 minutes</b></li> <li>✓ <b>Patients with pain not covered above</b></li> <li>✓ <b>B/P outside normal limits -</b> (see Length Base Resuscitation Tape)</li> </ul>	<p><b>Yes</b></p>	<p><b>Contact the base physician</b> prior to administering any pain medication.</p>

**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

**BEHAVIORAL TOOL**

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	No particular expression or smile	Occasional grimace or Frown, withdrawn, disinterested	Frequent to constant frown Clenched jaw, quivering chin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

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#### Wong/Baker FACES Pain Rating Scale



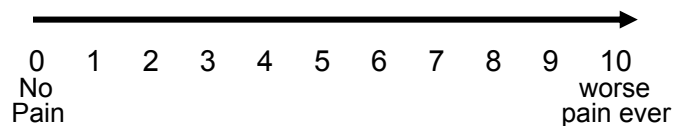
From Wong D.L., Hockenberry-Eaton M., Wilson D., Winkelstein M.L., Schwartz P.: Wong's Essentials of Pediatric Nursing, ed. 6, St. Louis, 2001, p. 1301. Copyrighted by Mosby, Inc. Reprinted by permission.

**Brief word 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):
5kg = 0.25mg	5kg = 0.5mg
10kg = 0.5mg	10kg = 1.0mg
20kg = 1.0mg	20kg = 2.0mg
30kg = 1.5mg	30kg = 3.0mg
40kg = 2.0mg	40kg = 4.0mg
50kg = 2.5mg	50kg = 5.0mg
<b>Maximum single dose: 2.5 mg/dose</b> <b>May repeat x1 in 5 minutes</b>	<b>Maximum single dose: 5.0 mg/dose</b> <b>May repeat x1 in 20 minutes</b>