

**SECTION: PM-7**

**PROTOCOL TITLE: PEDIATRIC PAIN CONTROL**

**REVISED: October 15, 2014**

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**GENERAL COMMENTS:** Pre-hospital EMS is committed to the relief of pain and suffering in patients with acute painful conditions. Given the circumstances, complete resolution of pain may be an unachievable goal. It is therefore an acceptable goal to make pain more tolerable until definitive care can be rendered.

Providers at all levels should take a multi-faceted approach to pain control. Pain is often complex and multidimensional, and thus treatment should be individualized for each patient. Providers must be aware of the pharmacology and possible complications with every analgesic in the protocols. Documentation is essential before and after analgesic administration, and monitoring needs to be constant for changes in condition.

ALS Providers should consider decreased dosage or prolong administration intervals of sedative or analgesic medications in higher risk populations such as altered mental status, traumatic head injury, recent use/administration of other sedative medications, elderly, or known/suspected hypersensitivity.

**BLS SPECIFIC CARE:** *See General Pediatric Care Protocol PM-1*

- Treat underlying injury or illness as appropriate
- Consider use of splinting, elevation, ice packs, padding, breathing techniques, good communication or the use of family members to assist in calming or alleviating pain
- Length based resuscitation tape (Broselow Tape) may be helpful in determining patients weight

**ILS SPECIFIC CARE:** *See General Pediatric Care Protocol PM-1*

**ALS SPECIFIC CARE:** *See General Pediatric Care Protocol PM-1*

**DO NOT** administer/discontinue administration if:

- Systolic BP < 90 mmHg
- Respiratory rate, SpO<sub>2</sub>, and/or mental status diminishes

Consider use of anti-emetics with administration of analgesics especially in the setting of trauma or known sensitivity.

# Protocol PM-7

## PEDIATRIC PAIN CONTROL

### *Analgesia*

- Fentanyl IV/IO/IM/IN
  - 1-2 mcg/kg initial dose (max initial dose 75 mcg)
  - Give slowly over 2 minutes (with the exception of IN route)
  - May repeat every 10 minutes as needed with 1 mcg/kg (max total dose of 150 mcg)
- Morphine sulfate IV/IM/IO
  - 0.1 mg/kg as initial dose (max initial dose 5 mg)
  - Give slowly over 2 min
  - May repeat every 10 minutes as needed with 0.05 mg/kg (max total dose of 15 mg)

### PHYSICIAN PEARLS:

