Protocol
PM-07

SECTION: PM-07

PROTOCOL TITLE: PEDIATRIC PAIN CONTROL

REVISED: May 01, 2022

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 (ACCESS Pediatric Tape) may be helpful in determining patients' weight

AEMT/O.M. Specific Care: *See General Pediatric Care Protocol PM-1*

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

General comments about analgesics: **DO NOT** administer/discontinue administration if hypotensive. Hypotension is defined as:

70 + (Age in years x 2) = Systolic B/P or 90 mm hg, *whichever is lower*.

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

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Analgesia

If unable to control pain after max dose of any single analgesic, call medical control to continue with another analgesic.

- 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)
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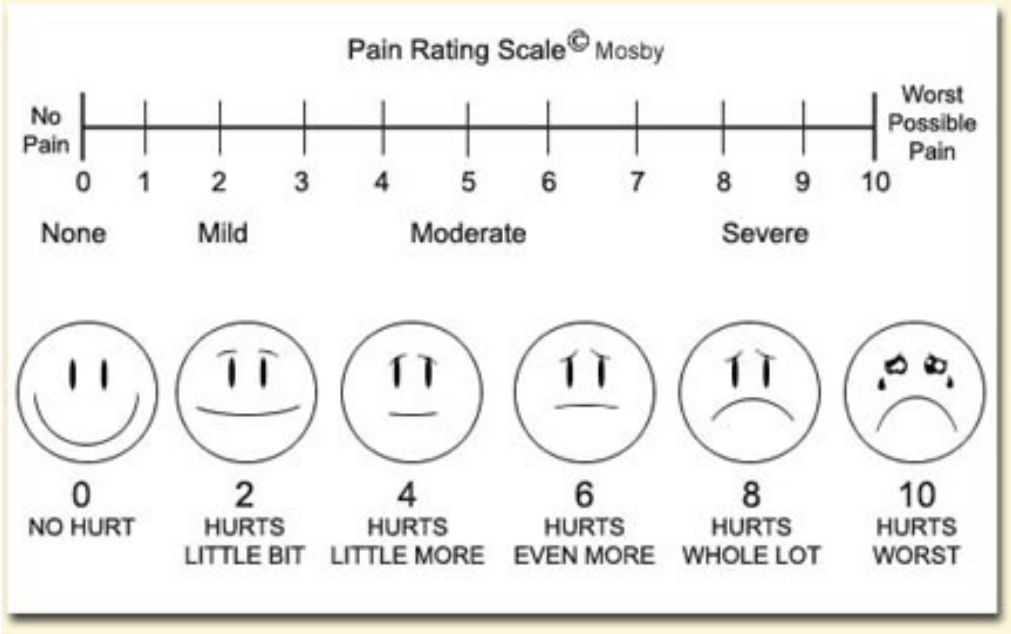
- Ketamine Hydrochloride IV/IM/IO (do not use in patients under 1 year of age)
    - IV/IO: 0.2 mg/kg (Max single Dose 30 mg)
        - Dilute to at least 10 ml and give slowly over 2 minutes
        - May repeat every 20 minutes as needed.
    - IM: 0.5 mg / kg
        - Repeated every 30 minutes PRN
        - Max single dose 50 mg

PHYSICIAN PEARLS:

- **<u>If unable to control pain after max dose of any single analgesic,</u>**
- **<u>call medical control to continue with another analgesic.</u>**
- As with most sedatives/analgesics, IV/IO route is the preferred route of administration if possible due to ability to administer slowly and titrate dosage.
- Do not use Ketamine in pediatrics under 1 year of age



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