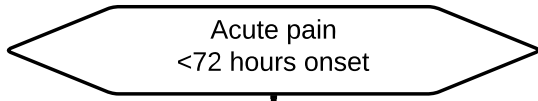


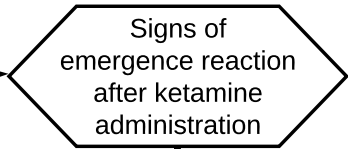
Pain Management Administrative Guideline



| History | Signs and Symptoms | Differential |
|--|---|--|
| <ul style="list-style-type: none"> Past medical history Pertinent medication history <ul style="list-style-type: none"> Home pain medications Pain source Mechanism of injury (if known) | <ul style="list-style-type: none"> Pain level - utilize the age appropriate pain scale Pain exacerbation factors (e.g. movement, palpation, position, etc.) | <ul style="list-style-type: none"> Chronic pain Trauma |

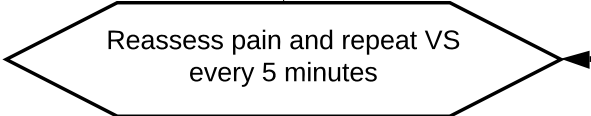


| | |
|---|---|
| B | <p>O₂ to maintain sat ≥ 94% Consider non-pharmaceutical pain management interventions</p> |
| | <p>IV/IO access Cardiac monitor if indicated, consider 12-lead ECG</p> |
| | <p>Consider OTC options: Administer acetaminophen 15 mg/kg PO to a max dose of 1g</p> <p>OR</p> <p>Administer ibuprofen 10 mg/kg PO to a max dose of 600 mg Do not give ibuprofen if pregnancy, blood thinners, significant bleeding, need for surgery, or age <6 months.</p> |
| P | <p>Administer fentanyl 1 mcg/kg slow IN/IV/IM/IO (max single dose 100 mcg). May repeat initial dose x 1 after 10 min (max total dose 200 mcg) Hold for hypotension</p> |
| | <p>OR</p> <p>Administer morphine 0.1 mg/kg slow IV/IM/IO (max single dose 10 mg). May repeat initial dose x 1 after 10 min (max total dose 20 mg) Hold for hypotension</p> |
| | <p>OR</p> <p>Administer ketamine 0.2 mg/kg SIVP (max single dose 20 mg) Adult patients may receive standard 20 mg dosing May repeat initial dose x 1 after 10 min</p> |



| | |
|---|---|
| P | <p>If pt becomes hypotensive, administer NS/LR 20 mL/kg bolus May repeat as needed for continued hypotension</p> |
| | <p>Consider GI/Nausea AG if indicated</p> |

| | |
|---|---|
| P | <p>Administer midazolam (Versed) 0.1 mg/kg (max 5 mg) IV/IO slow push as blood pressure allows</p> |
|---|---|





Education/Pearls

Pain is a consequence of a multitude of medical conditions from trauma to infections to neurological syndromes, and should be assessed as part of general patient care in all ages. Pain should be assessed prior to and after all pain-relieving interventions. In the setting of analgesic administration, patients require monitoring of continuous pulse oximetry and vital signs.

- Use an age appropriate pain scale to assess pain
 - Numerical scale: 0 to 10, zero as no pain and 10 as the worst pain possible
 - Age <4 years: consider using an observational scale (i.e. FLACC - face, legs, activity, cry consolability)
 - Age 4-12 years: Consider using a self-report scale (i.e. Faces Pain Scale or Wong-Baker Faces)
 - Age > 12 years: Consider using a self-report numerical scale
- Non-pharmaceutical pain management techniques:
 - Place patient in position of comfort for patient while still adhering to safe transport recommendations
 - Supporting affected extremity as indicated
 - Applying ice packs and/or splints
 - Verbal reassurance/distraction

Morphine Cautions:

Caution with administration of morphine and/or midazolam in trauma patients who have concern for TBI, due to risk of hypotension.

Ketamine Cautions

- Ketamine should not be used as treatment for chest pain, as vasoconstriction may be harmful
- Push this medication via slow IV push - rapid administration can cause apneic episodes
- If the patient becomes excessively agitated and impedes safe transport, consider administration of midazolam and/or contact medical direction for further orders.

Emergence reactions:

- Although not common, emergence reactions are psychological symptoms that can occur as a patient "emerges" from the dissociative effects of ketamine anesthesia. These reactions are generally temporary but can be distressing for the patient. Key signs of an emergence reaction after ketamine administration include hallucinations, agitation, confusion, increased muscle tone.
- Management of emergence reactions includes;
 - Reassurance: Providing a calm, reassuring environment can often reduce the intensity and duration of symptoms.
 - Medication: In some cases, a benzodiazepine, such as midazolam, can be administered to alleviate symptoms of agitation or anxiety.

Wong-Baker FACES® Pain Rating Scale



| FLACC Behavioral Pain Assessment Scale | | | |
|--|--|---|--|
| CATEGORIES | SCORING | | |
| | 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 position or relaxed | Uneasy, restless, tense | Kicking or legs drawn up |
| Activity | Lying quietly, normal position, moves easily | Squirming, shifting back and forth, tense | Arched, rigid, or jerking |
| Cry | No cry (awake or asleep) | Moans or whimpers, occasional complaint | Crying steadily, screams or sobs; frequent complaints |
| Consolability | Content, relaxed | Reassured by occasional touching, hugging, or being talked to; distractable | Difficult to console or comfort |