



Pain Management

Assessment

Pediatric Pearls:

- Use pediatric dosing of medications or electrical therapy for a pediatric patient < 37 kg and as defined by the PEDIA Tape.

Signs & Symptoms:

- Severity (Pain scale)
- Quality
- Radiation
- Relation to movement
- Respirations
- Reproduceable
- Increased upon palpation

Differential:

- Per the specific protocol
- Musculoskeletal
- Visceral (abdominal)
- Cardiac
- Pleural / Respiratory
- Neurogenic
- Kidney stone

Clinical Management Options

P	P	P	P	P	P	<ul style="list-style-type: none"> • Bleeding control • Oxygen • Pain scale assessment 0-10, Wong-Baker faces for pediatrics, FLACC for infants • SMR Evaluation, Bandaging, Splinting as needed • Ice pack as needed • Bilateral BP measurements
L	L	L	L	L	L	<ul style="list-style-type: none"> • Acetaminophen – Adult PO only • Ibuprofen – Adult PO only
1	2	3	4	5	6	<ul style="list-style-type: none"> • Vascular access • Isotonic Crystalloid as needed • Acetaminophen – Pediatric
						<ul style="list-style-type: none"> • Monitoring and interpretation of ECG & EtCO₂
						<ul style="list-style-type: none"> • Fentanyl if MAP \geq65 and no respiratory failure • Ketamine only if MAP < 65 and/or respiratory failure; or pain unchanged by Fentanyl • Lidocaine for suspected kidney stone

Consult Online Medical Control As Needed

Pearls:

- Refer to drug formulary charts for all medication dosing for both adults and pediatric patients.
- Pain severity is a vital sign to be recorded pre and post pain intervention, especially medications.
- Vital signs should be obtained pre and 5-minutes post all medications.
- Monitor patient closely for over sedation, refer to Overdose COG if needed
- Head injury patients should not receive pain medication
- Do not administer Acetaminophen to patients with history of liver disease or known to have consumed large amounts of ETOH.
- Fentanyl and Ketamine should be reserved for acute pain.
- Abdominal aneurysms may present as back pain and are a concern in patients over the age of 50.
- Any new bowel or bladder incontinence is a significant finding which requires immediate medical evaluation.
- In patient with history of IV drug abuse or pain management injections, an epidural abscess should be considered.
- Controlled substances are discouraged for non-traumatic back pain.