MERCED COUNTY EMS AGENCY

POLICY PEDIATRIC M2 PAIN MANAGEMENT

Effective Date : April 2019

Last Review: January 2017

Next Review: April 2021

Authority: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9

DEFINITION:

Pain is a subjective unpleasant sensory and emotional experience associated with actual or potential tissue damage. Any patient with a complaint of moderate or significant pain including but not limited to: burn patients, frostbite, bites and envenomation, crush injuries, extremity injuries, traumatic injuries, abdominal pain, sickle cell crisis, cancer, prolonged extrication, renal colic, etc.
May use morphine or fentanyl alone or in combination up to a max of 10 mg morphine equivalents

Morphine Equivalents: 10 mg morphine = 100 mcg fentanyl
5 mg morphine & 50 mcg fentanyl = 10 mg morphine

BLS TREATMENT:

OXYGEN: as appropriate, goal to maintain SPO2 at least 94%, Assist ventilations as necessary.
VITALS: assess vitals
POSITION: splint injured extremity, ice and elevation as needed to prevent swelling.
PSYCHOLOGICAL SUPPORT: reassure patient

ALS TREATMENT:

MONITOR: treat rhythm as appropriate
IV ACCESS: IV normal saline preferred, rather than saline lock
CAPNOGRAPHY: utilize wave form capnography for narcotic doses greater than 10 mg morphine equivalent or with ketamine administration.

MILD TO MODERATE PAIN – 1 TO 5 ON PAIN SCALE. MAY ADMINISTER ONE OR BOTH OF THESE AGENTS

Acetaminophen: 15 mg/kg maximum 1000 mg IV/IO infusion over **20 minutes SINGLE DOSE ONLY.** Consider 2nd IV site if necessary.

Ketorolac: 0.5 mg/kg up to15 mg max dose IM/IN/IV/IO slow IVP over **15 seconds SINGLE DOSE ONLY.**

Acetaminophen and/or Ketorolac may be administered in addition to opioids for patients with severe pain.
Ketorolac is the preferred agent for patients with suspected kidney stones or chronic back pain.
Do not administer acetaminophen to patients with severe hepatic impairment or active liver disease.
Do not administer ketorolac history of renal disease or kidney transplant; hypotension defined as systolic BP less than 90 mm Hg; history of GI bleeding or ulcers; current anticoagulation therapy or active bleeding; current steroid use; greater than 65 years of age; known allergy or hypersensitivity to NSAIDS (non-steroidal anti-inflammatory medications); history of Asthma; pregnant or high possibility of pregnancy; headaches suspected from acute intracranial bleed.

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SEVERE PAIN – 5 OR HIGHER ON PAIN SCALE

ALS TREATMENT:

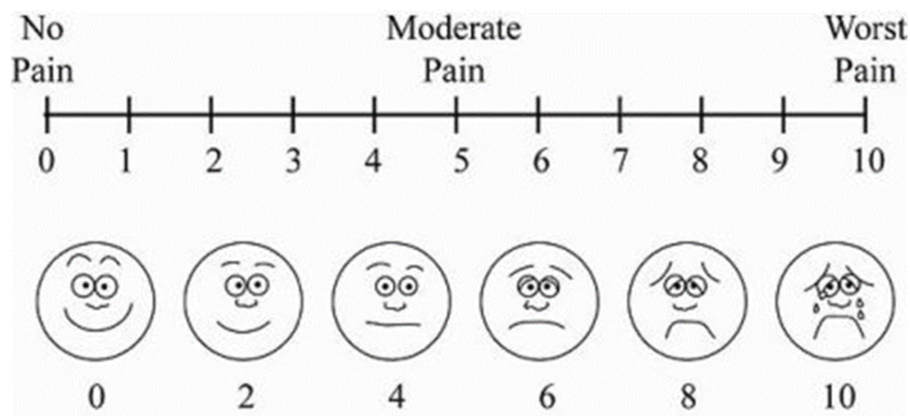
MONITOR: treat rhythm as appropriate
IV ACCESS: IV normal saline preferred, rather than saline lock
CAPNOGRAPHY: utilize wave form capnography for doses greater than 5 mg morphine equivalent
MORPHINE SULFATE:
IV 0.1 mg/kg may repeat every 5 to 10 minutes **ONLY** if systolic BP is above length based assessment tape target. Max total dose 10 mg. A max single dose is 2.5 mg.
IM 0.1 mg/kg may repeat once in 10 to 15 minutes **ONLY** if systolic BP is above length based assessment tape target. Max total dose 10 mg. A max single dose is 2.5 mg. If a repeat dose is needed, highly consider IV access.
FENTANYL:
IV: 1 mcg/kg max dose 25 mcg slow IV; may repeat every 5 minutes at 0.5 mcg/kg to 1 mcg/kg max dose of 25 mcg **ONLY** if systolic BP is above length based assessment tape target. Total max dose of 100 mcg or 10 mg morphine equivalents
IM: 1 mcg/kg max dose 50 mcg, may repeat every 15 to 20 minutes, **ONLY** if systolic BP is above length based assessment tape target; up to a max of 100 mcg or 10 mg morphine equivalents. If a repeat dose is needed highly consider IV access.
IN: 1.5 mcg/kg 50 mcg single max dose. Administer ½ dose to each nostril; may repeat once after 10 minutes **ONLY** if systolic BP is above length based assessment tape target.

CONTACT BASE HOSPITAL FOR DOSES EXCEEDING 10 MG MORPHINE EQUIVALENTS

DOCUMENTATION:

1. Initial vital signs (including weight) and initial pain score and subsequent pain scores
2. GCS: pre, during and post medication administration
3. Time medication was given
4. Total dose of medication
5. Any adverse or side effects related to medication

MANDATED PAIN SCALE:



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CONSIDERATIONS: Administer Fentanyl slowly to prevent Rigid Chest Syndrome; Naloxone may reverse Rigid Chest Syndrome. Ondansetron can be used to prevent or treat nausea associated with narcotic administration, please refer to Adult Policy M1 Nausea and Vomiting. Do not utilize with patients who have a GCS less than 14, Use with caution in patients who have sustained a traumatic brain injury and are under the influence of other substances (alcohol, illicit drugs, and sedatives/hypnotics). If patient shows signs of respiratory depression (shallow respirations and rate less than 12) use Naloxone 0.5 mg IV, IN, and IM as necessary to increase respiratory rate. Do not use Naloxone for pin point pupils only.