

## 8.12 PEDIATRIC PAIN CONTROL

BLS Treatment
<ul style="list-style-type: none"><li>• Position of comfort.</li><li>• NPO</li><li>• Reassurance and redirection.</li><li>• Ice or heat as indicated.</li><li>• <b>Oxygen</b> as indicated.</li></ul>
ALS Treatment
<ul style="list-style-type: none"><li>• IV/IO with <b>Normal Saline</b> TKO as indicated.</li><li>• If pain score 1-6 by Pediatric Pain Rating Scale, give PO <b>Ibuprofen</b> (if no contraindications).</li><li>• If pain score is greater than 6, give IN/IV/IO <b>Fentanyl</b> OR IV/IM/IO <b>Morphine</b></li><li>• <b>Ondansetron</b> as needed.</li><li>• Document pain score and vital signs before and after medication administration on PCR.</li></ul>
Base Hospital Contact Criteria
<ul style="list-style-type: none"><li>• Base Hospital Physician consult is required for patients whose parents are requesting an AMA after receiving <b>Fentanyl</b> or <b>Morphine</b>.</li></ul>
Notes
<ul style="list-style-type: none"><li>• <b>Fentanyl, Morphine</b>, and/or <b>Midazolam</b> may act synergistically to cause respiratory depression and should not be combined unless seizures or other indications for midazolam use is present. Contact Base Hospital MD for consultation if needed for this combined use.</li><li>• If utilizing 2 or more doses of <b>Fentanyl, Morphine</b>, and/or <b>Midazolam</b>, patient shall be placed on continuous end tidal CO2 monitoring. A trend of increasing EtCO2 readings (2 or more readings, 10% or more, above baseline) indicates the need for immediate re-assessment of patient's respiratory status to include rate and depth of respirations. Ventilatory support should be provided as necessary to return ETCO2 to baseline.</li><li>• All injectable pain medications shall be cross-checked with a Paramedic (secondarily an EMT) for correct medication and dose at time of administration unless transporting in the back of an ambulance without a second attendant.</li></ul>