

# Pediatric Pain Management

**Designation of Condition:** Consider treatment of all patients who present with pain or discomfort. Carefully evaluate and examine the patient prior to administration of pain medication to establish an initial pain level and pain location

**\*\*Ketamine is currently a special skill: ONLY GIVEN BY AN AAS Paramedic**

**B**

ABC's—with focus on ability to keep airway patent  
 Vital signs  
 Pulse Oximetry procedure  
Capnography procedure  
 Oxygen supplementation >90%  
 Consider the use of non-pharmaceutical means of pain reduction including position of comfort, ice packs and splints.  
 PO Ibuprofen 10mg/kg PO (pill or liquid)

**NSAID Contraindications:** GI bleeding, shock or major hemorrhage, headache  
 DO NOT GIVE in patients < 6 months old  
 Do not use **Ketorolac and ASA/ Ibuprofen together**.ww

**ETCO2 is Required for Narcotics and Ketamine**

Assess pain severity:  
 Use combination of pain scale, vital signs, mechanism of injury, patient appearance—diaphoresis, grimacing, crying

**Mild to Moderate pain**

**Moderate to Severe Pain**

**I**

Consider Ketorolac > 2 years old: 1mg/kg IM max of 15 mg or 0.5 mg/kg IV/IO to max 15 mg  
**SPECIAL SKILL: AAS EMT- I ONLY AND NO MCEP REQUIRED**

**P**

Tylenol PO 15mg/kg (Max single dose 1 gram)

**I**

**In addition to Mild to Moderate pain control options, consider the following:**

Pain management with MCEP contact: Morphine 0.1 mg/kg q 5 minutes to a max of 0.2 mg/kg peds  
 OR  
Fentanyl 0.5–1 mcg/kg IV/IO/IM/IN q 5 minutes to max total dose of 3mcg/kg  
 Or under the supervision and approval of the Paramedic FENTANYL IS FIRST LINE IN TRAUMA OR HYPOTENSIVE PATIENTS  
**SPECIAL SKILL: NO MCEP ORDER REQUIRED FOR FENTANYL AAS EMT- I**  
 For active nausea/vomiting consider Zofran IV/IM/IO/PO

**P**

In addition to above listed modalities **without MCEP** contact, consider Ketamine in patient with severe pain

Ketamine may be administered as a first line medication **OR** following the administration of maximum dose opioid

**Pediatric:**  
 0.5 mg/kg IN ( single max dose 25mg)  
 0.25 mg/kg IM every 10 minutes (max dose 25 mg)  
 Assess and treat possible nausea/vomiting

Appropriately trained AAS field personnel:  
 0.2 mg /kg IV SIVP over 3-5 minutes every 10 minutes(max single dose 20 mg; max cumulative dose 100 mg)

**\*\*\*KEY POINT\*\*\***

**STRONGLY CONSIDER INTRAMUSCULAR OR INTRANASAL ROUTES OF ADMINISTRATION FOR YOUR FIRST DOSE OF ANALGESIC MEDICATIONS**

Carefully consider narcotic side effects before administering to patients with respiratory depression or altered mental status

If hypotension, respiratory depression, or significant mental status change occurs after pain medication is started, perform appropriate supportive care, stop the medication, and do not restart.

Combining analgesia with sedation can be dangerous and is strongly discouraged, unless in post intubation sedation. If the situation requires analgesia, give Fentanyl. Use lower incremental dosing in the elderly.