



## Pain Management - Pediatric

### Basic Standing Orders

# B

- ▶ Routine Patient Care.
- ▶ Place the patient in a position of comfort if possible.
- ▶ Give reassurance, psychological support, and distraction.
- ▶ Use ample padding for long and short spinal immobilization devices. Use ample padding when splinting possible fractures, dislocations, sprains and strains. Elevate injured extremities if possible. Consider application of cold pack for 10 minutes.
- ▶ Have the patient rate their pain on a 0 to 10 (or similar) scale\*.
- ▶ Reassess the patient's pain level and vital signs every 5 minutes.\*0-10 Scale: Avoid coaching the patient, simply ask them to rate their pain on a scale from 0-10, where 0 is no pain at all and 10 is the worst pain ever experienced by the patient.
- ▶ \*Wong-Baker "faces" scale: The faces correspond to numeric values from 0-10. The scale can be documented with the numeric value or the textual pain description.
- ▶ Consider paramedic intercept if needed for pain management.



0

NO HURT



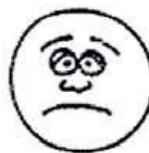
2

HURTS A  
LITTLE



4

HURTS A  
LITTLE  
MORE



6

HURTS  
EVEN  
MORE



8

HURTS  
WHOLE  
LOT



10

HURTS  
WORST



## ***Pain Management – Pediatric continued***

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### Advanced Standing Orders

**A**

- ▶ IV access and administer fluids to maintain systolic blood pressure >minimum for age and signs of adequate perfusion.

### Paramedic Standing Orders

**P**

- ▶ IV access, obtain blood sample and administer fluids to maintain systolic blood pressure >minimum for age and signs of adequate perfusion.
- ▶ Unless the patient has altered mental status, the paramedic may consider
  - Ketamine: 0.1 - 0.3 mg/kg IV, IN or 0.5 - 1 mg/kg IM. Give slowly IV push. Be aware of possible Laryngospasm. Repeat every 5 minutes as needed.
  - Fentanyl: 0.5 mcg/kg IV, IN (See IN dosing chart, p. 235) every 5 minutes as needed.
  - Morphine: 0.1 mg/kg IV every 10 minutes as needed.
- ▶ For hypoventilation from opiate administration by EMS personnel, give naloxone 0.1 mg/kg IV, IN (see IN dosing chart, pg 237) up to 2 mg PRN.
- ▶ Nausea: See Nausea Protocol.

**NOTE:** **Contact medical control** for guidance with all patients with altered mental status or for any other guidance necessary.

**FOR ALL PATIENTS RECEIVING ANALGESIA, EtCO<sub>2</sub> SHALL BE MONITORED.**