MLREMS Pediatric Pain Management Guideline

Assessment, Treatment, and Interventions

The choice of medication class, route of administration, dosing, and frequency are *based on pain severity*.

Numerical Rating Pain Scale	Severity
0	None
1-3	Mild
4 - 6	Moderate
7-10	Severe

1. Determine patient's pain score assessment using a pain scale appropriate for their age and/or ability to self-report*:

Age or Patient Factor	Type of Scale	Appropriate Scale
≤ 7 years old and those with cognitive impairment or inability to self-report	Observational	Faces, Legs, Arms, Cry, Consolability (FLACC)
3–10 years old:	Self-report scale	Wong Baker Faces
Greater than 10 years old:	Self-report scale	Numeric Rating Scale (NRS)

2. All patients with pain should receive non-pharmacologic pain management interventions, including but not limited to:
    a. Verbal reassurance and calming communication to reduce fear and anxiety
    b. Use of distraction techniques (e.g., toys, videos)
    c. Placement in a position of comfort
    d. Application of ice pack(s) for pain due to trauma
    e. Application of splint or immobilization device for pain due to trauma
    f. Application of heat pack(s) for pain due to medical cause
    g. Provide warm blankets or environmental comfort adjustments

3. If the patient has minor or moderate pain, or if using as an adjunct for severe pain, administer oral non-opioid analgesia (e.g., acetaminophen, ibuprofen) when equipped, able, and they can safely tolerate oral medications.

4. For severe pain, intranasal fentanyl is the preferred initial opioid analgesic and route of administration. ALS assistance for pain management should be requested if available for patients with severe pain.

5. Reassess pain after intervention and redose opioid after ten (10) minutes if needed in severe pain. Consider intravenous access if initial intranasal and oral agents are insufficient to manage pain.

Key considerations:

- Medications should be dosed using the Handtevy® application and cross-checked with another provider.
- Use of non-invasive capnography is an earlier predictor of hypoventilation than pulse oximetry if opioid medications are administered and should be considered for all children receiving opiates.
- Consider administration of oral antiemetics to treat nausea and/or prevent nausea associated with opioid administration.
- Onset of action is dependent on the pharmacokinetics of the drug class as well as route of administration; oral analgesics are effective for pain control but have a slower onset of action, so plan accordingly.

Key Documentation Elements

- Acquire and document patient's allergies prior to administration of medication.
- Obtain and document a complete set of vital signs (pulse, blood pressure, respiratory rate, pulse oximetry and neurologic status assessment) within five minutes before medication and approximately five minutes after medication administration, particularly when administering opiates.
- Obtain and document the initial patient pain scale assessment, after each analgesic medication administration, and upon arrival at destination.
- Documentation of medication administration with correct dose