

Sierra – Sacramento Valley EMS Agency Treatment Protocol

M-8P

Pediatric Pain Management

Approval: Troy M. Falck, MD – Medical Director

Effective: 06/01/2024

Approval: John Poland – Executive Director

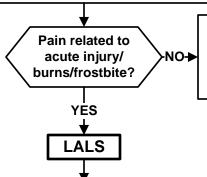
Next Review: 04/2027

- All pts with a report of pain shall be appropriately assessed & treatment decisions/interventions shall be adequately documented on the PCR.
- A variety of pharmacological and non-pharmacological interventions may be utilized to treat pain. Consider the pt's hemodynamic status, age, and previous medical history/medications when choosing analgesic interventions.
- Treatment goals should be directed at reducing pain to a tolerable level; pts may not experience complete pain relief.



- Assess V/S including pain scale & SpO₂, every 15 mins or as indicated by pt's clinical condition
- Assess/document pain score using standard 1-10 pain scale before and after each pain management intervention and at a minimum of every 15 mins
- O₂ at appropriate rate if SpO₂ <94% or pt is short of breath
- Utilize non-pharmacological pain management techniques as appropriate, including:
 - Place in position of comfort and provide verbal reassurance to minimize anxiety
 - Apply ice packs &/or splints for pain secondary to trauma

Pain not effectively managed with non-pharmaceutical pain management techniques



- Contact base/modified base hosp. for pain management consultation
- May proceed with LALS treatment in the event of communication failure, if indicated by pt's condition
- Continuous cardiac & EtCO2 monitoring if administering fentanyl &/or midazolam
- IV/IO NS TKO if indicated by pt's clinical condition or necessary for medication administration
 - May bolus up to 20 mL/kg if indicated by pt's clinical condition

Fentanyl (AEMT II): 1 mcg/kg slow IV/IO or IM/IN (max: 50 mcg) – may repeat every 5 mins (max 4 doses) **If pain not effectively managed:**

Midazolam (AEMT II): 0.05 mg/kg slow IV/IO (max single dose: 1 mg) – may repeat after 5 min (max: 2 doses)

Fentanyl/Midazolam Contraindications & Administration Notes

- ① Administer fentanyl/midazolam IV/IO doses over 60 seconds
- ① Do not administer fentanyl/midazolam to pts with any of the following:
 - Hypotension (see Pediatric Hypotension Table)
 - SpO2 <94% or RR <12
 - ALOC or suspected moderate/severe TBI
- There is an increased risk of deeper level sedation & airway/ respiratory compromise when administering midazolam to pts receiving fentanyl
- Pediatric Normal SBP & Hypotension Table **Normal SBP** Hypotension Age 1-12 mos 70-100 SBP < 70 1-2 yrs 80-110 SBP < 70 3-5 yrs 90-110 + age (yrs) x 2 6-9 yrs 100-120 10-14 yrs 100-120 SBP <90