

Treatment Protocols

Date: 07/01/2023

Pain Management - Pediatric

Policy #9150P

<p><u>Stable</u> BP appropriate for age Signs of good perfusion</p>	<p><u>Unstable</u> Pediatric: Delayed cap refill, poor skin perfusion signs, shortness of breath, altered mental status, or low blood pressure (adjusted per age)</p>
<p>Pediatric BLS Standing Orders</p>	
<ul style="list-style-type: none"> • Universal Patient Protocol • Ensure patent airway, administer oxygen and/or ventilate PRN per Airway Policy • Monitor O2 saturation • Keep patient warm 	<ul style="list-style-type: none"> • Universal Patient Protocol • Ensure patent airway, administer oxygen and/or ventilate PRN per Airway Policy • Monitor O2 saturation • Keep patient warm • Immediate transport
<p>Pediatric LALS Standing Orders</p>	
<ul style="list-style-type: none"> • Establish IV PRN 	<ul style="list-style-type: none"> • Establish IV
<p>Pediatric ALS Standing Orders</p>	
<ul style="list-style-type: none"> • Monitor EKG • Establish IV/IO PRN • Capnography <p>For pain that is mild to severe, consider age and administer:</p> <ul style="list-style-type: none"> • Ketorolac IV/IM/IO per dosing chart below <p>OR</p> <ul style="list-style-type: none"> • Acetaminophen IV per dosing chart, infuse over 15 minutes <p>For pain mild to severe:</p> <ul style="list-style-type: none"> • Morphine IV/IM/IO per dosing chart MR BH <p>OR</p> <ul style="list-style-type: none"> • Fentanyl IV/IM/IO per dosing chart MR BH <p>For nausea and vomiting:</p> <ul style="list-style-type: none"> • Ondansetron 0.1 mg/kg, max 4 mg - IV/IO/IM/ODT PRN MR x1 	<ul style="list-style-type: none"> • Monitor EKG • Establish IV/IO • Capnography <p>For pain that is mild to severe, consider age and administer:</p> <ul style="list-style-type: none"> • Acetaminophen IV per dosing, infused over 15 min <p>For nausea and vomiting:</p> <ul style="list-style-type: none"> • Ondansetron 0.1 mg/kg, max 4 mg - IV/IO/IM/ODT PRN MR x1 <p><u>BHPO for hypotension and opiate or ketorolac administration</u></p>
<p>Base Hospital Orders</p>	

Treatment Protocols**Date: 07/01/2023*****Pain Management - Pediatric*****Policy #9150P****BH**

- Repeat doses of **morphine** or **fentanyl**

BHPO

- Suspected or known drug or ETOH intoxication

BHPO:

Acetaminophen IV per dosing chart below. Infuse over 15 minutes for patients with:

- Isolated head injury
- Acute onset severe headache
- Multiple trauma with GCS<15
- Suspected active labor

BHPO for hypotension and opiate or ketorolac administration:

Morphine IV/IM/IO per dosing chart

OR

Fentanyl IV/IM/IO per dosing chart

OR

Ketorolac IV/IM/IO per dosing chart, for the following:

- Pain outside the abdomen, back, or extremities

Notes

Closely monitor patient LOC and respirations after administration of morphine or fentanyl.

For cardiac and chest pain, morphine and fentanyl should be the only analgesia used.

Ketorolac Exclusions:

- History of renal disease, or kidney transplant
- Hypotension
- History of GI bleeding or ulcers in the last five years
- Current anticoagulation therapy or active bleeding
- Current steroid use
- Age < 1 years old or > 65 years old
- Known hypersensitivity to NSAIDS
- History of asthma
- Pregnant or high possibility of pregnancy
- NSAID use in the last six hours

Acetaminophen Exclusions:

- Known hypersensitivity to acetaminophen
- Allergy to acetaminophen
- Severe hepatic impairment, active liver disease, or chronic alcohol abuse
- Age < 2 years old

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- Acetaminophen or paracetamol use in the last six hours

If a pediatric patient's weight, age or length-based resuscitation tape color significantly differ, administer the smallest of the doses, or call for a BHPO for further management.

Note: Ketorolac (Toradol) should NOT be given to patients < 1 year old.

Note: Acetaminophen (Tylenol) should NOT be given to patients < 2 years old.

APPROVED:

Signature on File

Katherine Staats, M.D. FACEP

EMS Medical Director