

# PG23 Pediatric Pain Management Non-Cardiac

## Objectives:

- To assess and appropriately treat non-cardiac pain in an effort to reduce the pediatric patient's level of pain

## General Information:

- Pain is an important indicator of disease or injury, but is generally under treated in EMS
- Physicians do not have to assess first hand a patient's pain level- document the patient's initial pain level in the PPCR
- Provide BLS pain control measures such as: position of comfort, splinting, ice, traction, etc.
- Morphine dose
  - a) 0.1 mg/kg IV/IM/IO, any single dose should not exceed 5 mg
  - b) Morphine should be administered via slow IV push
  - c) Higher doses may be appropriate for patients with chronic pain after consulting medical control
- Conditions in which pain control may be appropriate
  - a) Isolated extremity injuries (standing orders for I/P)
  - b) Sickle cell crisis (physician order)
  - c) Kidney stones (physician order)
  - d) Cancer (physician order)
- Implement Nausea / Vomiting protocol as needed



## Warnings/Alerts:

- Patients who receive morphine should also receive cardiac and SpO2 monitoring
- Monitor patient closely for respiratory depression and treat appropriately

## OMD Notes:

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## References:

Mosby's Paramedic Textbook, Third Edition, 2007 pg 1334

## Performance Indicators:

Pain Scale Before and After Treatment	Initial and Ongoing Vital Signs	Patient Mental Status
Response to Treatment	Patient Disposition	

