

PAIN MANAGEMENT	
ADULT	PEDIATRIC (≤34KG)
BLS	
<ul style="list-style-type: none"> • Universal Protocol #601 • Pulse Oximetry <ul style="list-style-type: none"> ○ O₂ administration per Airway Management Protocol #602 • Medical (non-cardiac) <ul style="list-style-type: none"> ○ Position of comfort ○ Nothing by mouth • Cardiac chest pain – Chest Pain/Acute Coronary Syndrome Protocol #640 • Trauma – General Trauma Protocol #660 <ul style="list-style-type: none"> ○ Splint, ice, elevate as indicated 	<ul style="list-style-type: none"> • Universal Protocol #601 • All causes of pain - consider age/situation appropriate distraction techniques <ul style="list-style-type: none"> ○ Video viewing ○ Calm environment ○ Caregiver support • Medical <ul style="list-style-type: none"> ○ Position of comfort ○ Nothing by mouth • Otherwise same as adult
ALS Standing Orders	
<p style="text-align: center;">MODERATE or SEVERE PAIN</p> <p>Acute Pain – SBP ≥ 90mmHg, unimpaired respirations, GCS normal for baseline</p> <ul style="list-style-type: none"> • Fentanyl 50-100 mcg SLOW IV (over 1 min), may repeat after 5 min if needed (not to exceed 200 mcg total) <p style="text-align: center;">If difficulty obtaining IV</p> <ul style="list-style-type: none"> • Fentanyl 50-100 mcg IM/IN (use 1 mcg/kg as guideline), may repeat after 15 min if needed (not to exceed 200 mcg total) 	<p style="text-align: center;">MODERATE or SEVERE PAIN (use age appropriate indicators)</p> <p>Acute Pain - BP > age-based min., unimpaired respirations, GCS normal for age</p> <ul style="list-style-type: none"> • Fentanyl 1.5 mcg/kg IN (split between nares) • Fentanyl 1 mcg/kg IM • (<i>IN and IM routes</i>) may repeat after 15 min if needed (not to exceed 4 doses) <p style="text-align: center;">If IV <u>already</u> established</p> <ul style="list-style-type: none"> • Fentanyl 1 mcg/kg SLOW IV (over 1 min), may repeat after 5 min if needed (not to exceed 4 doses)
Base Hospital Orders Only	
<ul style="list-style-type: none"> • Fentanyl administration with: <ul style="list-style-type: none"> ○ ALOC ○ SBP <90 mmHg ○ Chronic pain • Additional doses of Fentanyl • As needed 	<ul style="list-style-type: none"> • Same as adult • As needed
Notes	
<ul style="list-style-type: none"> • Consider doses of Fentanyl 25 mcg for initial dose in elderly (>65 y/o) and for maintenance doses • Request orders, as appropriate, for obviously painful conditions not covered by standing orders • Use clinical judgement if patient has difficulty using pain scale, or their reported pain is inconsistent with clinical impression <ul style="list-style-type: none"> ○ Consider using FACES scale in adults with barriers to communication (below) • Non-pharmacologic interventions should be provided concurrently or prior to medication administration • Do not withhold appropriate pain medication due to short transport times • Strongly consider initiating pain management on scene if movement is expected to be painful for patient (unless unstable condition requires rapid transport) 	

- Every patient with evidence of pain should have documented pain score before and after each analgesic intervention
- Patient must have SpO2 and EKG monitoring in place during administration of analgesics
- EtCO2 must be used on any patients with decreased mental status, respiratory depression following opiate administration

Pediatric Considerations

- Pediatric pain is often under-recognized and inadequately treated
- **Fentanyl IN** has well established efficacy and is first line for small children that are afraid of injections
- **Fentanyl** – avoid administering small volumes too quickly via IV. Dilute doses smaller than 1 mL by filling remaining volume of syringe with Normal Saline. Use clock/timer to ensure rate of IV administration is SLOW.
- Use appropriate pain evaluation tools for patient's age/ability to answer (see below)
 - <3 y/o – Behavioral tool – “r-FLACC” (sum of values estimates pain on 1-10 scale)
 - 3-7 y/o – FACES Scale OR Visual Analog Scale
 - 8-14 y/o – Visual Analog Scale

R-FLACC Pain Score (< 3 y/o)			
	0	1	2
Face	No particular expression or smile	Occasional grimace or frown, withdrawn, disinterested; appears sad or worried	Frequent to constant frown, clenched jaw, quivering chin; distressed-looking face, expression of fright or panic
Legs	Normal or relaxed position	Uneasy, restless, tense; occasional tremors	Kicking, or legs drawn up; constant tremors or jerking
Activity	Lying quietly, normal position, moves easily	Squirming, tense, shifting back and forth; mildly agitated (head back and forth, aggression), shallow respirations, intermittent sighs	Arched, rigid or jerking; severe agitation, head banging, shivering, breath-holding, gasping
Cry	No cry (awake or asleep)	Moans or whimpers; occasional complaint; occasional outburst or grunt	Cries steadily, screams, sobs; repeated outbursts, constant grunting
Consolability	Content, relaxed	Reassured by occasional touching, hugging, being talked to; distractable	Difficult to console or comfort; pushing away caregiver, resisting comfort measures

Wong-Baker FACES Scale

Instructions for use

- Explain to the person that each face represents a person who has no pain (hurt), or some, or a lot of pain.
- Point to each face and read the descriptions:
 - **Face 0** – Doesn't hurt at all
 - **Face 2** – Hurts just a little bit
 - **Face 4** – Hurts a little bit more
 - **Face 6** – Hurts even more
 - **Face 8** – Hurts a whole lot
 - **Face 10** – Hurts as much as you can imagine, but you don't have to be crying to have this worst pain
- Ask the person to choose the face that best depicts the pain they are experiencing

**0****No
Hurt****2****Hurts
Little Bit****4****Hurts
Little More****6****Hurts
Even More****8****Hurts
Whole Lot****10****Hurts
Worst****Visual Analog Scale**