



## PAIN CONTROL - PEDIATRIC

### **BLS CARE**

Routine medical care.  
Positioning  
Splinting as indicated  
Ice packs as indicated

### **ALS CARE**

#### **Routine Medical Care**

**Morphine Sulfate 0.1 mg/kg IV/IO/IM (0.05 mg/kg if less than 6 months old).** Max single dose 5 mg. May repeat every 10 minutes to a maximum total dose of 10 mg.

OR

**Fentanyl 2 mcg/kg IN/IM.** Max single dose 100 mcg. May repeat every 10 minutes to a maximum total dose of 200 mcg.

OR

**Fentanyl 2 mcg/kg slow IV/IO** (over 1 minute). Max single dose 100 mcg. May repeat every 10 minutes to a maximum total dose of 200 mcg.

***Base hospital contact for subsequent doses.***

**Fentanyl** requires **dilution** for administration to patients weighing less than 25 kg:

1. Expel and discard 2 ml of Normal Saline (NS) from a 10-ml prefilled syringe, leaving 8 ml of NS in the syringe.
2. Using a 2nd syringe, withdraw 2 ml of Fentanyl 50 mcg/ml (100 mcg) and add it to the 8ml of NS left in the prefilled syringe. This results in a concentration of 10 mcg/ml.
3. Label the syringe.
4. Use a 1 ml or 3 ml syringe to draw up and administer doses. Increments are 1 mcg/0.1 ml.
5. **Do not dilute medication if administering doses via the intranasal (IN) route.**

<b>UNDILUTED Pediatric Fentanyl Dose Chart (2 mcg/kg)</b>		
<b>50 mcg/ml</b>		
<b>Weight</b>	<b>Dose</b>	<b>Volume</b>
5 kg	10 mcg	0.2 ml
10 kg	20 mcg	0.4 ml
20 kg	40 mcg	0.8 ml
30 kg	60 mcg	1.2 ml
40 kg	80 mcg	1.6 ml
>50 kg	100 mcg	2 ml

<b>DILUTED Pediatric Fentanyl Dose Chart (2 mcg/kg)</b>		
<b>10 mcg/ml</b>		
<b>Weight</b>	<b>Dose</b>	<b>Volume</b>
5 kg	10 mcg	1 ml
10 kg	20 mcg	2 ml
20 kg	40 mcg	4 ml
30 kg	60 mcg	6 ml
40 kg	80 mcg	8 ml
>50 kg	100 mcg	10 ml

Document level of pain prior to and after administration of pain medications:

- <3 years old – Behavioral tool or Wong-Baker FACES scale
- 3-7 years old – Wong-Baker FACES scale or visual analog scale
- 8-14 years old – visual analog scale

#### **BEHAVIORAL TOOL**

	0	1	2
<b>Face</b>	No particular expression or smile	Occasional grimace or frown, withdrawn, disinterested	Frequent to constant frown. Clenched jaw, quivering chin
<b>Legs</b>	Normal or relaxed position	Uneasy, restless, tense	Kicking, or legs drawn up
<b>Activity</b>	Lying quietly, normal position, moves easily	Squirming, tense, shifting back and forth	Arched, rigid or jerking
<b>Cry</b>	No cry (awake or asleep)	Moans or whimpers; occasional complaint	Cries steadily, screams, sobs, frequent complaints
<b>Consolability</b>	Content, relaxed	Reassured by talking to, hugging, distractible	Difficult to console

### Wong-Baker FACES® Pain Rating Scale



#### Brief initial instructions:

Point to each face using the words to describe the pain intensity. Ask the child to choose the face that best describes their own pain and record the appropriate number.

#### Original instructions

Explain to the person that each face is for a person who feels happy because he has no pain (hurt) or sad because he has some or a lot of pain. As the person to choose the face that best describes how he/she is feeling.

- Face 0 is very happy because he doesn't hurt at all
- Face 2 hurts just a little bit
- Face 4 hurts a little more
- Face 6 hurts even more
- Face 8 hurts a whole lot
- Face 10 hurts as much as you can imagine, although you don't have to be crying to feel this bad.

### VISUAL ANALOG SCALE

