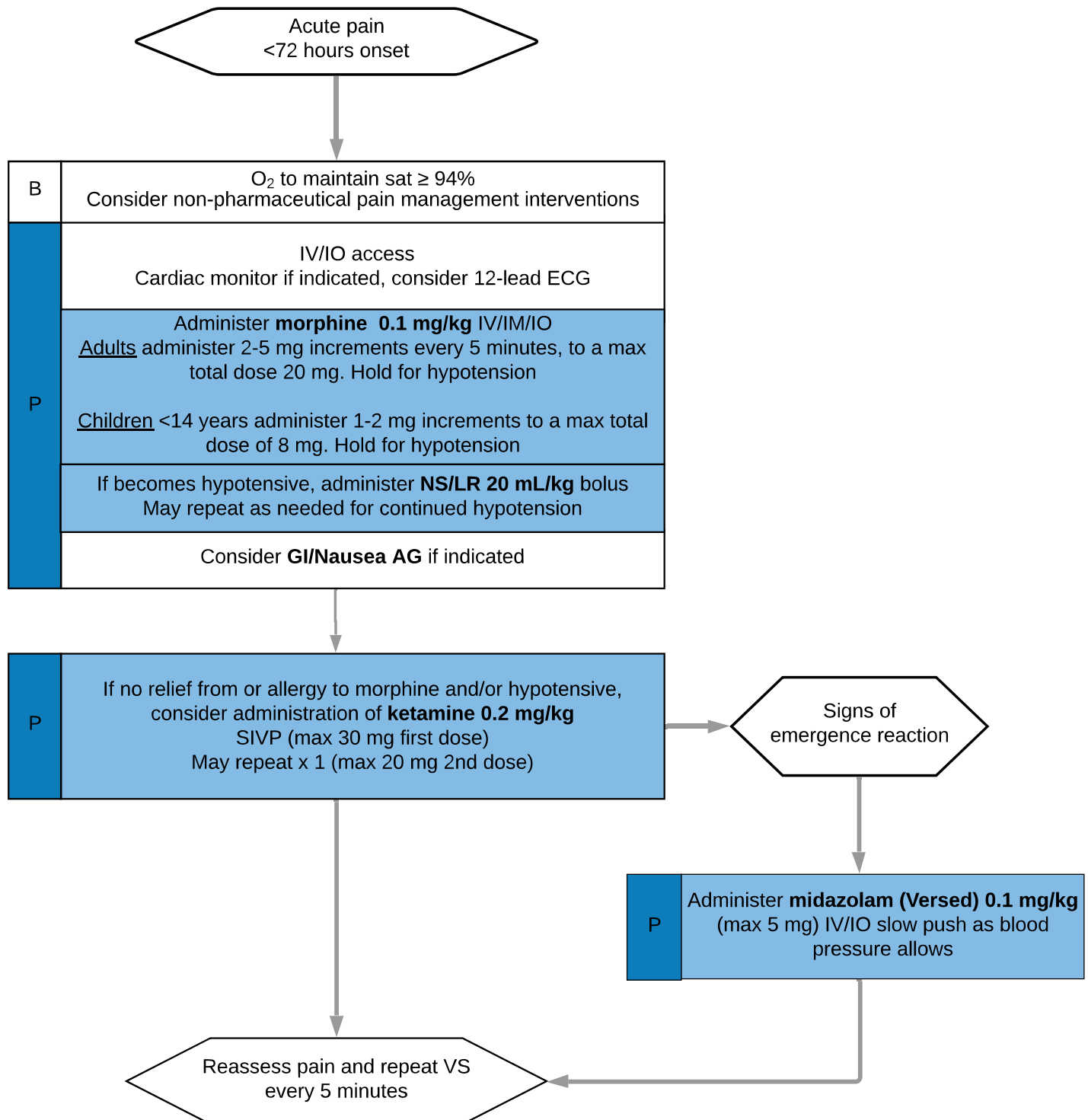


Pain Management Administrative Guideline



| | | |
|---|---|--|
| History <ul style="list-style-type: none"> Past medical history Pertinent medication history <ul style="list-style-type: none"> Home pain medications Pain source Mechanism of injury (if known) | Signs and Symptoms <ul style="list-style-type: none"> Pain level - utilize the age appropriate pain scale Pain exacerbation factors (e.g. movement, palpation, position, etc.) | Differential <ul style="list-style-type: none"> Chronic pain Trauma |
|---|---|--|





Education/Pearls

Pain is a consequence of a multitude of medical conditions from trauma to infections to neurological syndromes, and should be assessed as part of general patient care in all ages. Consider all patients as candidates for management of acute pain regardless of transport times. Pain should be assessed prior to and after all pain-relieving interventions. In the setting of analgesic administration, patients require monitoring of continuous pulse oximetry and vital signs, and may require supplemental oxygen to maintain O₂ sats >94%.

- Use an age appropriate pain scale to assess pain
 - Numerical scale: 0 to 10, zero as no pain and 10 as the worst pain possible
 - Age <4 years: consider using an observational scale (i.e. FLACC - face, legs, activity, cry consolability)
 - Age 4-12 years: Consider using a self-report scale (i.e. Faces Pain Scale or Wong-Baker Faces)
 - Age > 12 years: Consider using a self-report numerical scale
- Non-pharmaceutical pain management techniques:
 - Place patient in position of comfort for patient while still adhering to safe transport recommendations
 - Supporting affected extremity as indicated
 - Applying ice packs and/or splints
 - Verbal reassurance/distraction
- Zofran should not be utilized unless patient verbalizes complaints of nausea.
 - If patient is noted to have prolonged QT interval, contact medical direction.
- **Ketamine:** A dissociative medication, this agent relieves pain by changing the patient's mental state and inducing delirium with possible hallucinations. It may cause vasoconstriction, hypertension, and an emergence reaction, which occurs when a patient's dissociation becomes agitating or unpleasant for the patient.
 - Ketamine should not be used as treatment for chest pain, as vasoconstriction may be harmful.
 - Push this medication via slow IV push - rapid administration can cause apneic episodes
 - If the patient becomes excessively agitated and impedes safe transport, consider administration of midazolam and/or contact medical direction for further orders.

Caution with administration of morphine and/or midazolam in trauma patients who have concern for TBI, due to risk of hypotension.

| Categories | Scoring | | |
|---------------|--|---|--|
| | 0 | 1 | 2 |
| Face | No particular expression or smile. | Occasional grimace or frown, withdrawn, disinterested | Frequent to constant frown, quivering chin, clenched jaw |
| Legs | Normal position or relaxed | Uneasy, restless, tense | Kicking or legs drawn up |
| Activity | Lying quietly, normal position, moves easily | Squirming, shifting back and forth, tense | Arched, rigid, or jerking |
| Cry | No cry (awake or asleep) | Moans or whimpers; occasional complaint | Crying steadily, screams or sobs, frequent complaints |
| Consolability | Content, relaxed | Reassured by occasional touching, hugging, or being talked to; distractable | Difficult to console or comfort |

Note: Each of the five categories Face (F), Legs (L), Activity (A), Cry (C), and Consolability (C) is scored from 0-2, which results in a total score between 0 and 10. From Merkel, Voepel-Lewis, Shayevitz, & Malviya (1997). The FLACC: A behavioral scale for scoring postoperative pain in young children. *Pediatric Nursing*, 23 (3) 293-297.

Wong-Baker FACES® Pain Rating Scale

