

**Treatment Protocols**

**Date: 07/01/2026**

**Pain Management - Pediatric**

**Policy #9150P**

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

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**Base Hospital Orders**

**BH**

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

**BHPO**

- Suspected or known drug or ETOH intoxication

<p><b><u>BHPO:</u></b></p> <p><b>Acetaminophen IV</b> per dosing chart below. Infuse over 15 minutes for patients with:</p> <ul style="list-style-type: none"> <li>Isolated head injury</li> <li>Acute onset severe headache</li> <li>Multiple trauma with GCS&lt;15</li> <li>Suspected active labor</li> </ul>	<p><b><u>BHPO for hypotension and opiate or ketorolac administration:</u></b></p> <p><b>Morphine IV/IM/IO</b> per dosing chart</p> <p>OR</p> <p><b>Fentanyl IV/IM/IO/IN</b> per dosing chart</p> <p>OR</p> <p><b>Ketorolac IV/IM/IO</b> per dosing chart, for the following:</p> <ul style="list-style-type: none"> <li>Pain outside the abdomen, back, or extremities</li> </ul>
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**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 – 07/01/25

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