IV/IO/IM/ODT PRN MR x1

Emergency Medical Services Agency Policy/Procedure/Protocol Manual

## Date: 07/01/2023 Policy #9150P

### Treatment Protocols Pain Management - Pediatric

Pain Management - Pediatric	Policy #9150P
Stable  BP appropriate for age Signs of good perfusion	Pediatric: Delayed cap refill, poor skin perfusion signs, shortness of breath, altered mental status, or low blood pressure (adjusted per age)
Pediatric BLS S	Standing Orders
<ul> <li>Universal Patient Protocol</li> <li>Ensure patent airway, administer oxygen and/or ventilate PRN per Airway Policy</li> <li>Monitor O2 saturation</li> <li>Keep patient warm</li> </ul>	<ul> <li>Universal Patient Protocol</li> <li>Ensure patent airway, administer oxygen and/or ventilate PRN per Airway Policy</li> <li>Monitor O2 saturation</li> <li>Keep patient warm</li> <li>Immediate transport</li> </ul>
Pediatric LALS Standing Orders	
Establish IV PRN	Establish IV
Pediatric ALS S	Standing Orders
Monitor EKG	Monitor EKG
Establish IV/IO PRN	Establish IV/IO
Capnography	<ul> <li>Capnography</li> </ul>
For pain that is mild to severe, consider age and administer:  • Ketorolac IV/IM/IO per dosing chart below OR  • Acetaminophen IV per dosing chart, infuse over 15 minutes  For pain mild to severe:  • Morphine IV/IM/IO per dosing chart MR BH OR  • Fentanyl IV/IM/IO per dosing chart MR BH  For nausea and vomiting:	For pain that is mild to severe, consider age and administer:  • Acetaminophen IV per dosing, infused over 15 min  For nausea and vomiting:  • Ondansetron 0.1 mg/kg, max 4 mg - IV/IO/IM/ODT PRN MR x1  BHPO for hypotension and opiate or ketorolac administration
• Ondansetron 0.1 mg/kg, max 4 mg -	

### **Base Hospital Orders**

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### BH

• Repeat doses of morphine or fentanyl

### **BHPO**

• Suspected or known drug or ETOH intoxication

### **BHPO:**

**Acetaminophen** IV per dosing chart below. Infuse over 15 minutes for patients with:

- Isolated head injury
- Acute onset severe headache
- Multiple trauma with GCS<15
- Suspected active labor

# BHPO for hypotension and opiate or ketorolac administration:

Morphine IV/IM/IO per dosing chart

OR

Fentanyl IV/IM/IO per dosing chart

OR

**Ketorolac** IV/IM/IO per dosing chart, for the following:

Pain outside the abdomen, back, or extremities

### **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 Katherine Staats, M.D. FACEP EMS Medical Director