



PEDIATRIC PAIN MANAGEMENT



Escambia County, Florida - ALS/BLS Medical Protocol

Paramedic Only

This entire protocol is ALS.

Isolated Extremity Fracture

The purpose of this procedure is to manage pain associated with isolated extremity fractures not associated with multisystem trauma or hemodynamic instability.

ALS Level 1

1. Patients should be asked to quantify their pain on an analog pain scale (0=least severe to 10=most severe) or Wong-Baker Faces Scale or Infant Behavior Score (a)(b). This should be documented and used to measure the effectiveness of analgesia.
2. Distal circulation, sensation and movement should be noted and recorded in the injured extremity.
3. The extremity should be immobilized as described in [Extremity Injuries](#).
4. Extremity fractures should be elevated, if possible, and cold applied.

ALS Level 2 (*Physician Authorization Required*)

1. If pain persists and systolic BP is adequate (see [Pediatric Vital Signs](#)), Morphine Sulfate may be given intravenously in increments, titrated to pain to a maximum of 10 mg. Administer at a rate not to exceed 1 mg/min.

Pediatric dose: 0.1 mg/kg IV.

Infant dose: 0.05 mg/kg IV.



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Acute Back Strain

This procedure should be used in the isolated back strain where an acute abdominal process can be ruled out (see [Abdominal Pain Differential](#)).

ALS Level 1

1. Patients should be asked to quantify their pain on an analog pain scale (0=least severe to 10=most severe) or Wong-Baker Faces Scale or Infant Behavior Score (a) (b). This should be documented and used to measure the effectiveness of analgesia.
2. Secure patient to back board PRN.

ALS Level 2 (*Physician Authorization Required*)

1. If pain persists and systolic BP is adequate (see [Pediatric Vital Signs](#)), Morphine Sulfate may be given intravenously in increments, titrated to pain to a maximum of 10 mg. Administer at a rate not to exceed 1 mg/min.

Pediatric dose: 0.1 mg/kg IV.

Infant dose: 0.05 mg/kg IV

Soft Tissue

(Injuries, Burns, Bites and Stings)

This procedure is used for pain associated with soft tissue injuries, burns, bites and stings not associated with multisystem trauma or hemodynamic instability.



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ALS Level 1

1. Patients should be asked to quantify their pain on an analog pain scale (0=least severe to 10=most severe) or Wong-Baker Faces Scale or Infant Behavior Score (a)(b). This should be documented and used to measure the effectiveness of analgesia.

ALS Level 2 (Physician Authorization Required)

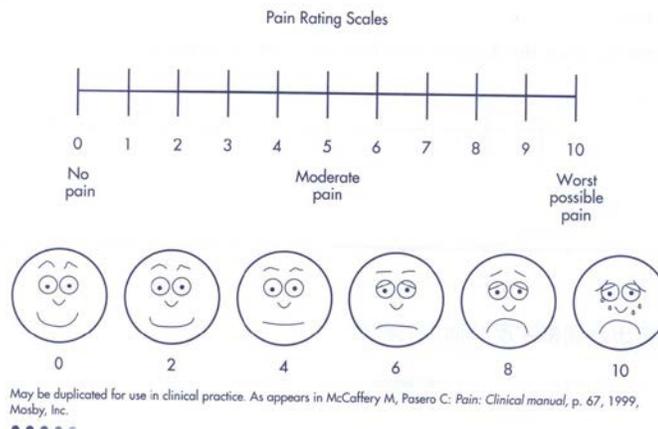
2. If pain persists and systolic BP is adequate (see [Pediatric Vital Signs](#)), Morphine Sulfate may be given intravenously in increments, titrated to pain to a maximum of 10 mg. Administer at a rate not to exceed 1 mg/min.

Pediatric dose: 0.1 mg/kg IV.

Infant dose: 0.05 mg/kg IV.

Note

- (a) Wong-Baker Faces Scale.



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(b) Infant Behavior Score

Assessment of Behavior Score

0	“Relaxed”	infant comfortable, not distressed.
1-2	Some transitory distress caused	returns immediately to “relaxed.”
3-4	Transitory distress	likely to respond to consolation.
5	Infant experiences pain	if no response to consolation, may require analgesia.
6	“Anguished” and “exaggerated”	infant experiencing acute pain; is unlikely to respond to consolation, will probably benefit from analgesia.
6-8	“Inert”	(no response to traumatic procedure) infant is habituated to pain; will not respond to consolation; systematic pain control by analgesia should be considered.

Facial Expression

0	“relaxed”	Smooth muscled; relaxed expression; either in deep sleep or quietly alert
1	“anxious”	Anxious expression; frown; REM behind closed lids; wandering gaze; eyes narrowed; lips parted; pursed lips as if “oo” is pronounced
2	“anguished”	Anguished expression / crumpled face; brow bulge; eye-squeeze; nasolabial furrow pronounced; square-s tretched mouth; cupped tongue; “silent cry”
3	“inert”	(Only during or immediately after traumatic procedure) no response to trauma; no crying; rigidity; gaze avoidance;



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fixed/staring gaze; apathy; diminished alertness

Body Movement

- | | | |
|---|---------------|--|
| 0 | “relaxed” | Relaxed trunk and limbs; body in tucked position; hands in cupped position or willing to grasp a finger |
| 1 | “restless” | Moro reflex; startles; jerky or uncoordinated movement of limbs; flexion/extension of limbs; attempt to withdraw limb from site of injury |
| 2 | “exaggerated” | Abnormal position of limbs; limb / neck extension; splaying of fingers and /or toes; flailing or thrashing of limbs; arching of back; side swiping / guarding site of injury |
| 3 | “inert” | (Only during or immediately after traumatic procedure)
no response to trauma; inertia; limpness / rigidity;
immobility |

Color

- | | |
|---|--|
| 0 | Normal skin color (depending on skin type) |
| 1 | Redness; congestion |
| 2 | Pallor; mottling; grey |



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