

APPROVED: SIGNATURE ON FILE IN EMS OFFICE
Executive Director

EFFECTIVE DATE: 01/01/2004

SUPERSEDES: _____

REVISED: _____

SIGNATURE ON FILE IN EMS OFFICE
Medical Director

REVIEW DATE: 01/01/2009

PAGE: 1 OF 1

PEDIATRIC PAIN MANAGEMENT

- I. AUTHORITY: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE: To serve as the treatment standard for EMT-Is and EMT-Ps in treating patients.
- III. PROTOCOL:

Every child deserves to have their pain managed, but not necessarily treated with morphine. Consider reassurance, position of comfort, ice or heat, and gentle transport. Prevent separation anxiety in infants and children, by co-transporting parents, when possible. Maintain eye contact and be truthful about painful procedures. Acknowledge the child's fears and allow crying. Privacy and separation from parents may benefit adolescents. Maintain modesty for all children. Do not attempt to completely relieve the patient's pain, but treat aggressively enough to make it bearable.

STANDING ORDERS	
ABC's	
OXYGEN	
MONITOR	Treat rhythm as appropriate.
IV/IO ACCESS	Normal Saline TKO
MORPHINE	1-20.1 - 0.2 mg/kg slow IV /IM push /IM (if systolic BP above Broselow Tape target) then 1.0 mg increments slow IV to relieve pain. IV doses may be repeated onctwiece up to maximum of 4mg total. Do not exceed 10mg total. IM doses may not be repeated.
BASE PHYSICIAN ORDERS	
MORPHINE	Additional Morphine per Base Physician order

