

APPROVED: Signature On File In EMS Office
 Executive Director

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 Medical Director

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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 EMTs and Paramedics within their scope of practice.
- 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	
ASSESS	CAB
OXYGEN	Oxygen delivery as appropriate.
MONITOR	Treat rhythm as appropriate.
IV/IO ACCESS	TKO with microdrip tubing and volume control chamber
MORPHINE	0.1 – 0.2 mg/kg slow IV/IO push/IM (if systolic BP above Broselow Tape target) IV doses may be repeated once. Do not exceed 10mg total. IM doses may not be repeated.
BASE PHYSICIAN ORDERS	
MORPHINE	Additional Morphine per Base Physician order

