PEDIATRIC PAIN MANAGEMENT – ALS

1 – Contraindications include known or documented allergy to fentanyl or other opioid analgesic, pregnancy with active labor, dental pain, chronic pain patients who are not part of hospice or palliative care, hypoventilation or respiratory depression.

2 – Use with caution in patients with GCS < 15, hypotension, or hypoxia

---

**Universal Pain Assessment Tool**

**Verbal Descriptor Scale**
- No Pain
- Mild Pain
- Moderate Pain
- Severe Pain
- Very Severe Pain
- Excruciating Pain

**Wong-Baker FACES®**
- Smiley Face
- Neutral Face
- Frowning Face
- Crying Face
- Gasping Face

---

**PRMC**
- Determine cause of patient’s pain and refer to appropriate protocol

- Determine Patient’s Pain Score using either the Verbal Descriptor Scale or Wong-Baker FACES® Scale

- Consider use of non-pharmacologic pain management techniques
  - Attempt to place patient in a position of comfort
  - Consider application of ice packs or splints as appropriate

- If non-pharmacologic pain management techniques fail and the patient is in severe pain and > 1 year old, consider single dose of analgesia¹,²
  - Fentanyl 1 mcg/kg IV/IO/IM/IN
  - max dose 100 mcg

- Complete vital signs and pain scale should be assessed and documented before and after every intervention

- Transport and contact Medical Control as appropriate