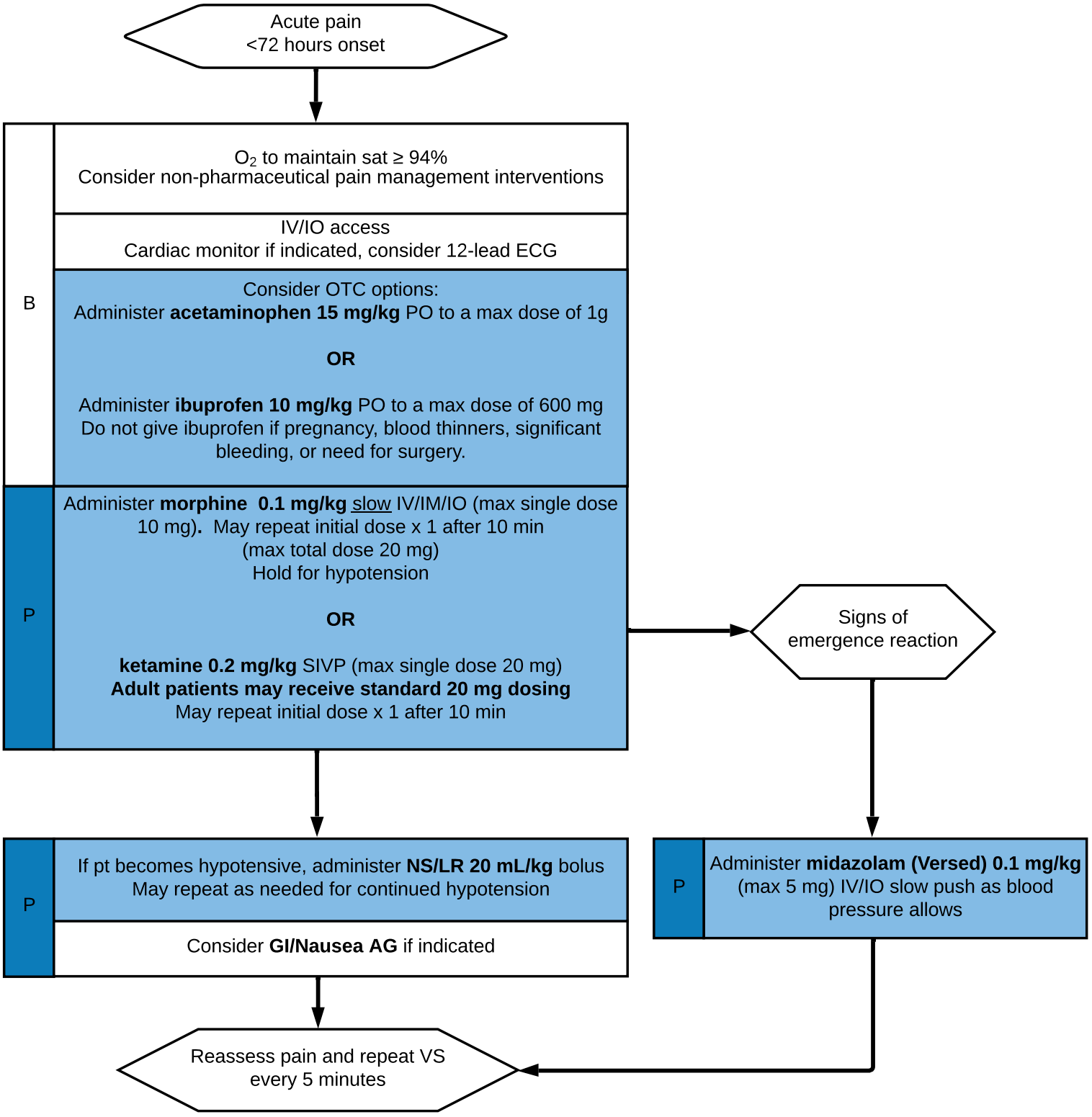
Pain Management Administrative Guideline

History	Signs and Symptoms	Differential
• Past medical history • Pertinent medication history ◦ Home pain medications • Pain source • Mechanism of injury (if known)	• Pain level - utilize the age appropriate pain scale • Pain exacerbation factors (e.g. movement, palpation, position, etc.)	• Chronic pain • Trauma



Education/Pearls

Pain is a consequence of a multitude of medical conditions from trauma to infections to neurological syndromes, and should be assessed as part of general patient care in all ages. Consider all patients as candidates for management of acute pain regardless of transport times. Pain should be assessed prior to and after all pain-relieving interventions. In the setting of analgesic administration, patients require monitoring of continuous pulse oximetry and vital signs, and may require supplemental oxygen to maintain O_2 sats >94%.

- Use an age appropriate pain scale to assess pain
  - Numerical scale: 0 to 10, zero as no pain and 10 as the worst pain possible
  - Age <4 years: consider using an observational scale (i.e. FLACC - face, legs, activity, cry consolability)
  - Age 4-12 years: Consider using a self-report scale (i.e. Faces Pain Scale or Wong-Baker Faces)
  - Age > 12 years: Consider using a self-report numerical scale
- Non-pharmaceutical pain management techniques:
  - Place patient in position of comfort for patient while still adhering to safe transport recommendations
  - Supporting affected extremity as indicated
  - Applying ice packs and/or splints
  - Verbal reassurance/distraction
- **Ketamine**: One of the most well-known side effects of ketamine is dissociation. Dissociation refers to a temporary mental state in which a person 'detaches' from their surroundings, meaning the person becomes less aware of what is actually around them and starts to feel disconnected from their body. This can cause the patient to become agitated due to this unpleasant feeling. This is not common at pain doses, and is temporary. If the patient becomes excessively agitated, midazolam may be used.
  - Ketamine should not be used as treatment for chest pain, as vasoconstriction may be harmful.
  - Push this medication via slow IV push - rapid administration can cause apneic episodes
  - If the patient becomes excessively agitated and impedes safe transport, consider administration of midazolam and/or contact medical direction for further orders.

Caution with administration of morphine and/or midazolam in trauma patients who have concern for TBI, due to risk of hypotension.

	Scoring		
Categories	0	1	2
Face	No particular expression or smile.	Occasional grimace or frown, withdrawn, disinterested	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal position or relaxed	Uneasy, restless, tense	Kicking or legs drawn up
Activity	Lying quietly, normal position, moves easily	Squirming, shifting back and forth, tense	Arched, rigid, or jerking
Cry	No cry (awake or asleep)	Moans or whimpers; occasional complaint	Crying steadily, screams or sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to; distractable	Difficult to console or comfort

Note: Each of the five categories Face (F), Legs (L), Activity (A), Cry (C), and Consolability (C) is scored from 0-2, which results in a total score between 0 and 10.
From Merkel, Voepel-Lewis, Shayevitz, & Malviya (1997). The FLACC: A behavioral scale for scoring postoperative pain in young children. *Pediatric Nursing, 23* (3) 293-297.