Pediatric Pain Management



Assessing pain in children

Use a pediatric pain scale. Anxiety often contributes to pain in children.



0 No Hurt



2 Hurts Little Bit



Hurts
Little More

WONG-BAKER FACES® PAIN RATING SCALE



6 8
Hurts Hurts
Even More Whole Lot



10 Hurts Worst

Non-pharmacologic pain control in children – simple ways for ED staff to use specific techniques

- Encourage holding/physical contact between patient and family member/support person.
- Download a few favorite kid songs on your phone; have a kid's playlist ready.
- Take five deep breaths with the patient before doing anything painful (or use bubbles/pinwheel to encourage younger children to take deep breaths).
- Language we use with adults such as 'this will burn' or 'IV' may be stressful or confusing for children. Consider using 'feel warm' or 'small straw for medicine.'
- Encourage teenagers to use their headphones during procedures or pain crises.
- Have the patient tell you about their favorite summer activity or vacation and ask probing questions.
- A Child Life Specialist can help children and families through stressful or painful procedures.
- Distraction with a Buzzy Bee or ice can help with IV placement or injections.
- Breastfeeding or oral sucrose for patients 0-12 months.

Specific analgesics and anxiolytics

	AGENT	DOSING	ONSET OF ACTION
Mild pain	Ibuprofen (>6 months old)	10 mg/kg q6 hrs (max = 400 mg)	15-30 minutes
	Acetaminophen	15 mg/kg q6 hrs (max = 650 mg)	15-30 minutes
	Sucrose (infants)	0.1 - 0.5 mL	instant
Moderate to severe pain	Intranasal fentanyl (requires atomizer)	1.5-2 mcg/kg (max = 100 mcg) 1 mL/nostril max	1-2 minutes
Topicals	LET (4% lidocaine, 0.1% epinephrine, 0.5% tetracaine) Use on open wounds.	N/A	20-30 minutes
	EMLA (lidocaine, prilocaine) Use on intact skin.	N/A	60 minutes
	LMX-4 (4% lidocaine) Use on intact skin.	N/A	30 minutes
	Intradermal lidocaine (J-tip) Use on intact skin; useful for IV starts. Consider preparing patients by letting them know that J-tip application can make a popping sound due to a burst of air.	N/A	1-3 minutes
Anxiolysis	Midazolam (intranasal [atomizer])	0.4 – 0.5 mg/kg, max 10mg	10-15 minutes
	Midazolam (oral)	0.4 – 0.8 mg/kg, max 20mg	20-30 minutes
	Dexmedetomidine (intranasal [atomizer])	2 mcg/kg/dose (Make sure it's micrograms.) Max single dose: 100 mcg May give additional 1 mcg/kg 15 minutes after first dose (max 50 mcg second dose)	10-20 minutes

More resources and how we are trying to address pain for children: ucsfbenioffchildrens.org/comfort-promise