Pediatric Non-Traumatic Body Pain

For pain not related to trauma that is not localized to chest, abdomen, head, or extremity.

**History**
- Age
- Location and duration
- Severity (0-10 scale)
- Past medical history
- Pregnancy status
- Drug allergies and medications
- Back pain
- Groin pain
- Neck pain

**Signs and Symptoms**
- Severity (pain scale)
- Quality (e.g., sharp, dull, or stabbing)
- Radiation
- Relation to movement or respiration
- Increased with palpation of area

**Differential**
- Musculoskeletal
- Rheumatologic/Hematologic
- Pleural/respiratory
- Neurogenic
- Renal (colic)
- Gynecological/obstetrical
- Acute pain not elsewhere classified

Assess pain severity
Use combination of pain scale, circumstances, HPI, and illness severity

Severe pain
(Pain scale 7 or greater)

- Position of comfort
- Apply cold pack *if applicable*
- Consider, IV
- Assess and monitor respiratory status
- Consider, cardiac monitor
- For pain, consider, Fentanyl
- Consider, Ondansetron

Mild pain

- Position of comfort
- Apply cold pack *if applicable*
- Monitor and reassess

Notify receiving facility.
Consider Base Hospital for medical direction

Effective November 2018
Pearls

- Pain severity (0 – 10 scale) shall be recorded before and after all BLS pain control measures and ALS pain medication delivery. Monitor blood pressure and respirations closely as pain control medications may cause hypotension or respiratory distress.
- FLACC scale is intended for patients under 12 months of age.
- Patients may display a wide variation of response to opioid pain medication (Fentanyl). Consider the patient’s age, weight, clinical condition, other recent drugs, or alcohol and prior exposure to opiates when determining initial dosing.
- Minimal doses of opioids may cause respiratory depression in those patients who weigh less.
- It is strongly recommended that vascular access be established for patients who receive IM or IN medication.
- Have Naloxone available to reverse respiratory depression should it occur.