Pediatric Non-Traumatic Extremity Pain/Swelling

For pain, swelling, or other non-traumatic problem of an extremity; includes rashes and non-traumatic bleeding (e.g., cellulitis)

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

**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**
- Arthritis
- Deep venous thrombosis
- Juvenile rheumatoid arthritis (JRA)/septic joint
- Back pain/sciatica
- Bursitis
- Tendonitis
- Pain in limb, not otherwise specified
- Cellulitis

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

**Severe pain** (Pain scale 7 or greater)
- Position of comfort/splint if needed
- 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/splint if needed
- Apply cold pack *if applicable*
- Monitor and reassess

**Notify receiving facility.**
Consider Base Hospital for medical direction

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**Effective April 2024**
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**FLACC Scale**

<p>| | | | | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Face</td>
<td>No particular expression or smile</td>
<td>Occasional grimace or frown, withdrawn, disinterested, worried look to face, eyebrows lowered, eyes partially closed, cheeks raised, mouth pursed</td>
<td>Frequent to constant frowning, clenched jaw, quivering chin, deep furrows on forehead, eyes closed, mouth opened, deep lines around nose/lips</td>
</tr>
<tr>
<td>2</td>
<td>Legs</td>
<td>No particular expression or smile</td>
<td>Uneasy, restless, tense, increased tone, rigidity, intermittent flexion/extension of limbs</td>
<td>Kicking or legs drawn up, hypertonicity, exaggerated flexion/extension of limbs, tremors</td>
</tr>
<tr>
<td>3</td>
<td>Activity</td>
<td>No particular expression or smile</td>
<td>Squirming, shifting, back and forth, tense, hesitant to move, guarding, pressure on body part</td>
<td>Arched, rigid, or jerking, fixed position, rocking, side to side head movement, rubbing of body part</td>
</tr>
<tr>
<td>4</td>
<td>Cry</td>
<td>No particular expression or smile</td>
<td>Moans or whimpers, occasional cries, sighs, occasional complaint</td>
<td>Crying steadily, screams, sobs, moans, grunts, frequent complaints</td>
</tr>
<tr>
<td>5</td>
<td>Consolability</td>
<td>No particular expression or smile</td>
<td>Reassured by occasional touching, hugging, or talking to, distractible</td>
<td>Difficult to console or comfort</td>
</tr>
</tbody>
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**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.