PAEDIATRIC ACUTE PAIN ASSESSMENT AND MANAGEMENT ALGORITHM

Child presents with acute pain

Weigh child and determine analgesia previously given

Assess pain using the appropriate age related pain assessment tool

Instigate the approach of Play, Physical, Pharmacological

Mild pain
Pain score 1-3
or
NIPS score 1-2

If play and physical methods insufficient

Oral paracetamol
15 mg/kg
4-6 hourly
(max dose
60 mg/kg/day or
1 g/dose)

and/or

Oral ibuprofen
10 mg/kg
6-8 hourly
(max dose
40 mg/kg/day or
400 mg/dose)

Moderate pain
Pain score 4-6
or
NIPS score 3-4

If play and physical methods insufficient

Oral oxycodone
0.1 mg/kg
4-6 hourly
(max dose
1.2 mg/kg/day or
20 mg/day)

and

Oral paracetamol
15 mg/kg
4-6 hourly
(max dose
60 mg/kg/day or
1g/dose)

Severe pain
Pain score 7-10
or
NIPS score 5-7

IN fentanyl
1-2 microgram/kg
Repeat every 5 mins
(max dose
4 microgram/kg or
75 microgram total)

or

Oral morphine
0.2- 0.5 mg/kg
4-6 hourly
(2 mg/kg/day or
30 mg/dose)

and

Oral oxycodone
0.1-0.2 mg/kg
4-6 hourly
(max dose
1.2 mg/kg/day or
20 mg/day)

Consider oral paracetamol and/or ibuprofen

IV morphine
0.1-0.2 mg/kg
2-4 hourly
(max dose
1.2 mg/kg/day or
10 mg/dose)

IV infusion morphine
0.01-0.04 mg/kg/hr
Requires continuous oximetry and assessment and documentation initially every 15 minutes – see section 13.8 of GL2016_009

NOTES

- Pain is a subjective experience, consider the clinical context before intervention
- Determine if the child has had any analgesia prior to arrival to the ED
- Analgesia must be given prior to painful procedures like X-ray. Consider calculating with ideal weight in the obese child
- Monitor regularly HR, RR, Oxygen saturation, Pain Score and Level of Sedation.
- Reassess as necessary based on pharmacological effects of the medication but at least hourly
- If pain relief inadequate, move to next level or contact senior medical officer

No IV access

IV access

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