

POLICY: 555.43
TITLE: Pediatric Pain Management

EFFECTIVE: 02/01/2026
REVIEW: 02/2028
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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PEDIATRIC PAIN MANAGEMENT

- I. AUTHORITY
Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE
To serve as a patient treatment standard for EMRs, EMTs, and Paramedics within their scope of practice.
- III. PROTOCOL
The patient's severity of pain must be properly assessed in order to provide appropriate relief. This protocol is not intended to totally alleviate pain, but to safely decrease the intensity of the pain without causing physiologic compromise, delaying transport to definitive care or interfering with the patient's diagnostic work up following arrival at the emergency department.

**Provider Key: F = First Responder/EMR E = EMT O = EMT Local Optional SOP
P = Paramedic D = Base Hospital Physician Order Required**

	F	E	O	P	D
ASSESSMENT	X	X	X	X	
BLS AIRWAY: okay if airway patent. Support ventilations with appropriate airway adjuncts.	X	X	X	X	
ADVANCED ALS AIRWAY: if GCS is < 8 and not rapidly improving, consider SGA.			X	X	
PULSE OXIMETRY: apply and monitor		X	X	X	
CAPNOGRAPHY: apply and monitor if SGA has been placed				X	
OXYGEN: if pulse oximetry < 94% or signs of respiratory distress or hypoperfusion.	X	X	X	X	
PAIN TREATMENT (NON-CARDIAC): consider non-pharmaceutical options: position of comfort, splint, ice, elevate as indicated.	X	X	X	X	
ECG MONITOR: lead placement may be delegated. Treat as indicated.				X	
VASCULAR ACCESS: IV/IO, rate as indicated				X	
PHARMACEUTICAL PAIN TREATMENT: Choose most appropriate pharmaceutical intervention below. Consider non-opioid interventions first.					
ACETAMINOPHEN: 15 mg/kg, oral suspension or IV infusion. IV infusion administer over 15 minutes. Max dose 1000 mg. No repeat dose.				X	
KETOROLAC: For abdominal, back or extremity pain, 0.5 mg/kg, up to 15 mg over 15 seconds, IN/IM/IV/IO. Ketorolac is not to be used in patients under 2y.				X	

	F	E	O	P	D
*MORPHINE: 0.1 mg/kg IM or slow IV/IO up to 10 mg for severe pain. May repeat dose every 10-15 minutes up to 0.3 mg/kg max total dose.				X	
†FENTANYL: 1-2 mcg/kg IV/IO/IN/IM. May repeat in 10 minutes at 0.5 mcg/kg, up 3mcg/kg maximum total dose. To be used with caution in patients taking narcotics, benzodiazepines, MAOIs, conivaptan, crizotinib, linezolid, nalbuphine, pazopanib, pentazocine, sibutramine, sodium oxybate, rifampin/isoniazid.				X	
MIDAZOLAM: 0.1 mg/kg IM/IN or slow IV/IO, maximum single dose of 2 mg. <ul style="list-style-type: none"> • IV/IO: repeat every 5 minutes • IM/IN: repeat every 10 minutes • Repeat doses up to a maximum total of 5 mg IF THE PATIENT IS OBESE, DOSAGES SHOULD BE CALCULATED ON THE PATIENTS' IDEAL WEIGHT.				X	

*** † USE WITH CAUTION IN PATIENTS WITH:**

- Head trauma
- Decreased respirations
- Altered Mental Status
- Blood pressure < 90mmhg systolic
- Patients with ETOH intoxication

*** † OBSERVE FOR**

- Respiratory depression
- Vomiting
- Hypotension
- Slurred Speech
- Allergic Reaction

AVOID THE USE OF MORPHINE AND FENTANYL CONCURRENTLY: If a patient experiences an adverse effect from one of these medications, the patient is experiencing unrelenting severe pain, and the transport time is extended, changing to the alternate medication may be appropriate with Base Hospital Physician consultation.

ANYTIME BOTH MORPHINE & FENTANYL IS ADMINISTERED TO A SINGLE PATIENT, AN UNUSUAL OCCURRENCE REPORT IS TO BE SUBMITTED TO THE EMS AGENCY.

Age	HR	RR	BP	Temp (C)	Temp (F)
<i>Premie</i>	120-170	40-70	55-75/35-45	36-38	96.8-100.4
<i>0-3 months</i>	100-160	35-60	65-85/45-55	36-38	96.8-100.4
<i>3-6 months</i>	90-120	30-45	70-90/50-65	36-38	96.8-100.4
<i>6-12 months</i>	80-120	25-40	80-100/55-65	36-38	96.8-100.4
<i>1-3 years</i>	70-110	20-30	90-105/55-70	36-38	96.8-100.4
<i>3-6 years</i>	65-110	20-25	90-110/60-75	36-38	96.8-100.4
<i>6-12 years</i>	65-100	14-22	90-120/60-75	36-38	96.8-100.4
<i>12+</i>	55-100	12-20	100-135/65-85	36-38	96.8-100.4