

## PAIN MANAGEMENT SUMMARY

- Types of Pain
  - Nociceptive
    - Somatic
    - Visceral
  - Neuropathic
- Assess pain using age and ability appropriate tools
  - FLACC
  - Pain Scale – faces or numbers
- Consider starting with around the clock acetaminophen or ibuprofen
- Non-pharmacologic interventions can also be helpful
- Around the clock medication with intermittent prn orders available is preferable to only prn (=patient not receiving) to help reduce acute pain
- Use caution with combination products (i.e. Vicodin) as increasing dose may be associated with hepatotoxic levels of acetaminophen
- If pain persists, add opiates
  - i.e. Morphine 0.05 mg/kg IV q4 with 0.025 mg/kg q2 prn
  - Use caution in prescribing codeine
  - Monitor effectiveness and side effects
  - Switch opiate if poor side effects or titrate up dose if only minimally effective
  - Use bowel regimen when patient is on opiates

## REFERENCES

- Berde CB, Sethna NF. Analgesics for the treatment of pain in children. *N Engl J Med.* 2002; 347: 1094-1103.
- Ciszkowski C, Madadi P. Codeine, ultrarapid-metabolism genotype, and postoperative death. *N Engl J Med.* 2009; 361: 827-828.
- Ellis JA, O'Connor BV, Cappelli M, Goodman JT, Blouin R, Reid CW. Pain in hospitalized pediatric patients: how are we doing? *Clin J Pain.* 2002; 18:262-269.
- Howard, RF. Current status of pain management in children. *JAMA.* 2003; 2464-2469.
- Kraemer FW, Rose JB. Pharmacologic management of acute pediatric pain. *Anesthesiology Clin.* 2009; 27:241-268.
- World Health Organization. Cancer pain relief and palliative care in children. Geneva: 1998. Accessed via: [http://www.stoppain.org/for\\_professionals/cancerbk.pdf](http://www.stoppain.org/for_professionals/cancerbk.pdf)