

Guidelines for Paediatric Analgesia (NOT FOR USE IF UNDER 3 MONTHS)

Whenever possible use a pre-prescribed weight-based EPMA protocol: 'Paed Pain (ward)', 'Paed Peri' (theatre) or 'Femur Child' (# femur in ED). Adequate and **regular dosing is essential**. Use the oral route if pain is not severe. Use parenteral administration if the drug can only be used this way or if enteral administration has failed or ineffective.

- Prescribe ONE drug from each colour only.
- If more than two IV opiate doses are required, consider IV infusion/PCA/NCA with guidelines.

Contact Paediatric Pain Team on bleep 2283 (office hours) or Senior Anaesthetic Trainee (bleep 3513) for advice or help.

DRUG	ROUTE	DOSE	ESCALATING ANALGESIA
Paracetamol	Suspension - 120mg/5ml, 250mg/5ml	20mg/kg 6 hourly PO/PR for 48 hours	
	Tablets - 500mg Soluble Tablets - 500mg Suppositories - 60, 120, 250, 500mg	Then reduce to 15/mg/kg 6 hourly MAXIMUM daily dose 75mg/kg not exceeding 4g/day	
Intravenous Paracetamol	ONLY TO BE PRESCRIBED IF ORAL ROUTE NOT AVAILABLE 50mls - 500mg 100mls - 1g	<10kg - 7.5mg/kg 6 hourly >10kg - 15mg/kg 6 hourly >50kg - 1g max 6 hourly	
Ibuprofen	Suspension - 100mg/5ml	3 - 6 months - 5mg/kg 8 hourly PO > 6 months - 10mg/kg 8 hourly PO	
	Tablets - 200mg, 400mg	MAXIMUM daily dose 30mg/kg or 1.2g	
Morphine	Oramorph - 10mg/5ml	ORALLY - < 12 months - 50micrograms/kg 4 hourly > 12 months - 100 - 300micrograms/kg 4 hourly IV - < 6 months - 100micrograms/kg 6 hourly > 6 months - 100micrograms/kg 4 hourly TTO's of Oramorph >12 months - 100micrograms/kg 6 hourly IF OSA/altered respiratory drive - 50micrograms/kg 6 hourly	
	Tablets - 10mg, 20mg Injection - 10mg/ml		
Diamorphine	Intranasal spray 720micrograms/spray 1600micrograms/spray	Intranasal - Once only See separate guideline on intranet Intranet - anaesthetic - guidelines - paediatric pain	

RESPIRATORY DEPRESSION

- Give oxygen, contact paediatric or ITU consultant. Consider PERT call.
- < 12 years - Naloxone 10micrograms/kg IV bolus and repeat if necessary. If no response, give subsequent doses of 100micrograms/kg (max. 2mg).
- > 12 years - Naloxone 100micrograms IV bolus and repeat if necessary. If no response, give subsequent doses in increments of 100micrograms every 2 minutes if required (max dose 10mg).

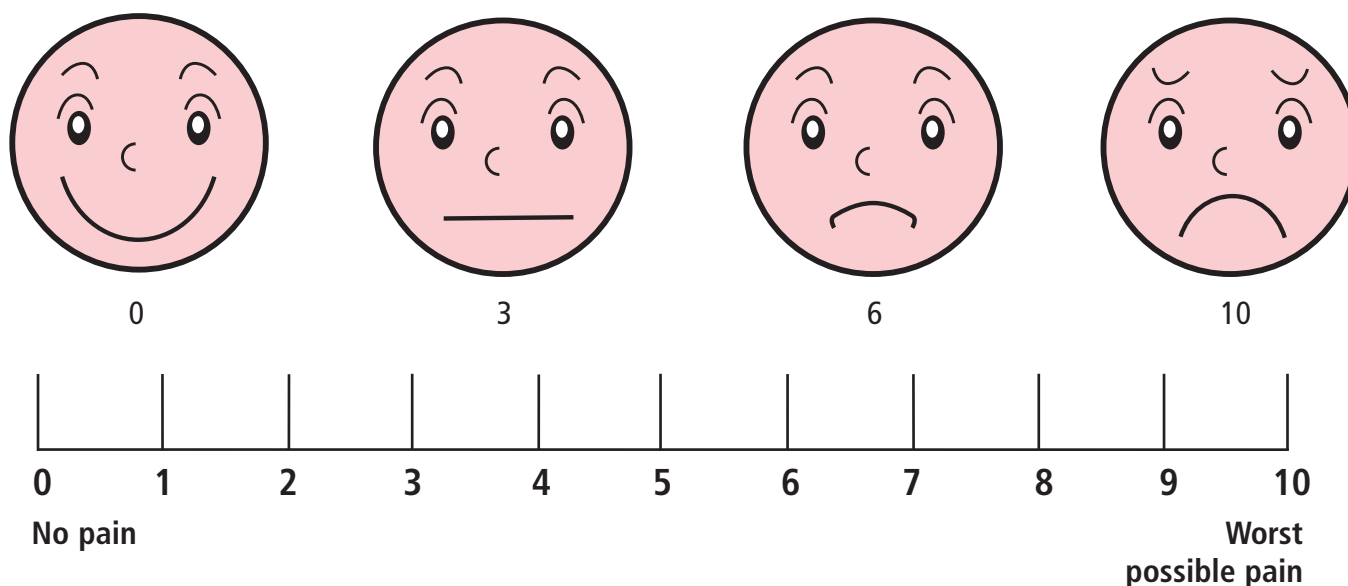
FIRST LINE - ANTI-EMETICS			
Ondansetron See BNF for alternatives	IV	0.1mg/kg 8 hourly	Can cause severe constipation May be ineffective in opioid induced nausea and vomiting
	Orally	< 4 years - 2mg 8 hourly > 4 years - 4mg 8 hourly	

CONSIDER ENTONOX FOR PROCEDURAL PAIN RELIEF

PAEDIATRIC PAIN ASSESSMENT

CATEGORIES	SCORING		
	0	1	2
Face	No particular expression or smile	Occasional grimace or frown, withdrawn, disinterested	Frequent to constant quivering chin, clenched jaw
Legs	Normal position or relaxed	Uneasy, restless, tense	Kicking, or legs drawn up
Activity	Lying quietly, normal position, moves easily	Squirming, shifting back and forth, tense	Arched, rigid or jerking
Cry	No cry (awake or asleep)	Moans or whimpers, occasional complaint	Crying steadily, screams or sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging or being talked to, distractible	Difficult to console

Each of the five categories: (F) Face; (L) Legs; (A) Activity; (C) Cry and (C) Consolability; is scored from 0 - 2 resulting in a total range of 0 - 10.
(Merkel et al, 1997)



Sedation	Nausea	Pruritis	Motor block (epidurals)
Awake 0	No nausea 0	None 0	Free movement hips, legs and feet 1
Dozing 1	Mild, no Rx 1	Mild 1	Able to flex hips knees with free movement of feet 2
Mostly sleepy 2	Moderate Rx needed 2	Moderate 2	Weakness in hips, unable to lift heels, moves toes 3
Difficult to rouse 3	Severe 3	Severe 3	Unable to move legs 4

Motor Block at levels 3 and 4 seek assessment from Pain Team or Dr's