**History**
- Age
- Location and duration
- Severity (0 – 10 scale or Wong-Baker faces scale)
- Past medical history
- Medications
- Drug allergies

**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**
- Per the specific TG
- Musculoskeletal
- Visceral (abdominal)
- Cardiac
- Pleural / respiratory
- Neurogenic
- Renal (colic)

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**Assess pain severity**
Use combination of pain scale, circumstances, MOI, injury, or illness severity

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**Moderate to severe pain**
- Assess and monitor respiratory status
- Monitor continuous EtCO₂
- Apply and monitor cardiac rhythm
- **Consider, IV/IO**
  - Fentanyl IV/IO/IM
    - Use Pediatape and refer to dosing guide
  - Fentanyl IN
    - Use Pediatape and refer to dosing guide
  - **Single dose only**
    - Monitor and reassess every 5 minutes following administration

**Mild pain**
- Position of comfort
- Apply cold pack, if applicable
- Monitor and reassess

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**Fentanyl**
- **Notify receiving facility.**
  - Contact Base Hospital for medical direction
- **Fentanyl**
  - Contact Base Hospital for additional orders

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**Effective Jan. 2016**
Pearls

• Use EXTREME CAUTION in administering opioids to patients less than 10kg.
• This treatment guideline applies to patients < 15 years of age and who can be measured on a PediaTape. If a patient is larger than a PediaTape, you may use the Adult Pain Control Treatment Guideline.
• Pain severity (0 – 10 scale or Wong-Baker faces scale) is a vital sign to 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.
• Contraindications of Fentanyl include:
  • Closed head injury
  • Headache
  • Altered level of consciousness
  • Respiratory failure or worsening status
  • Hypotension
    ▫ Neonate: < 60mmHg or weak pulses
    ▫ Infant: < 70mmHg or weak pulses
    ▫ 1-10 years: < 70mmHg + (age in years x2)
    ▫ Over 10 years: <90mmHg
• At a minimum, vital signs should be obtained before medication administration, 10 minutes after administration, and before patient turnover.
• Have Naloxone available to reverse respiratory depression should it occur.
• Burn patients may require higher than usual opioid doses to achieve adequate pain control. IF A PATIENT HAS SUFFERED BURNS THAT REQUIRE TRANSPORT TO A BURN CENTER, THE PATIENT MAY REQUIRE MORE THAN THE MAXIMUM TOTAL DOSE OF FENTANYL TO ACHIEVE PAIN CONTROL. CONTACT THE BASE HOSPITAL FOR ADDITIONAL ORDERS.