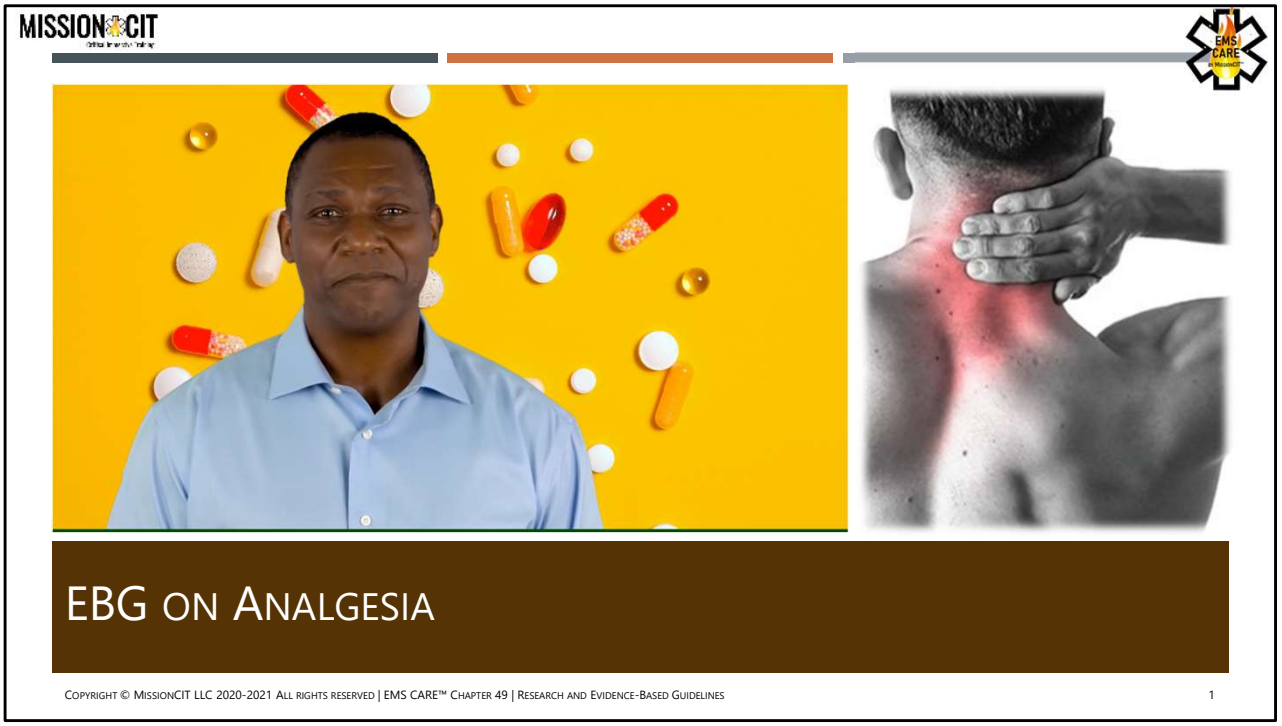


Thank you, Missah!

In this lesson, we'll look at some evidence-based guidelines and recommendations for administering analgesia like morphine or fentanyl. Check with your local protocols to ensure that you have the authority to administer these analgesics to patients in a pre-hospital setting.

Using Age-Appropriate Pain Scale

- < 4 years – FLACC or CHEOPS
- 4-12 years – Wong-Baker Faces and Faces Pain Scale
- > 12 years – Numeric Rating Scale

Wong-Baker FACES Pain Rating Scale



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	Occasional grimace or frown, withdrawn, disinterested.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

NRS No pain 0 1 2 3 4 5 6 7 8 9 10 Worst pain imaginable

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The panel recommends that EMTs use an age-appropriate pain scale to evaluate the level of pain in patients, so you can decide if they need an analgesic and if so, the appropriate amounts.

For children under four years, it's recommended to use an observational scale, such as Faces, Arms, Legs, Cry, Consolability (FLACC) or Children's Hospital of Eastern Ontario Pain Scale (CHEOPS). For children between 4 to 12 years, consider using a self-report scale, such as Wong-Baker Faces, Faces Pain Scale (FPS), or Faces Pain Scale-Revised (FPS-R).

For 12 years and older, consider using a self-report scale, such as the Numeric Rating Scale (NRS).

Other Recommendations

- Assess pain
- Consider all patients with acute traumatic pain
- Use narcotic analgesics
- Reassess patients every 5 minutes
- Re-dose if needed
- Watch for contraindications



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Here are some more recommendations from the panel for using analgesics:

- Assess pain as part of general patient care
- Consider all patients with acute traumatic pain as candidates for analgesia, regardless of transport interval
- Use narcotic analgesics for patients in moderate to severe pain. Consider IV morphine (0.1 mg/kg) and IV or IN fentanyl (1.0 mg/kg)
- Reassess all patients who have received analgesia using an age-appropriate scale every 5 minutes for serious adverse effects
- Re-dose if the patient is still in significant pain, but at half dose
- Some possible contraindications to watch out for are:
  - A value of less than 15 in the Glasgow Coma Scale
  - Hypotension
  - Allergies to morphine or fentanyl
  - Hypoxia, and
  - Hypoventilation

This brings us to the end of this lesson, and in the next one, Missah will talk about EBGs for pediatric seizures.