Pain is a subjective experience, consider the clinical context and engage with family before intervention.

When administering IV analgesia to infants and children:
- Reassess as necessary based on pharmacological effects of the medication but at least hourly.
- If pain relief inadequate, move to next level or contact senior medical officer.
- When administering IV analgesia to neonates in the ED it is essential to consult with expert medical staff such as Emergency Consultants, Paediatricians, Neonatologists and/or NETS to ensure appropriate care and escalation is provided.

**Infants and Children: Management of Acute Pain in the Emergency Department**

**PAEDIATRIC ACUTE PAIN ASSESSMENT AND MANAGEMENT ALGORITHM**

**NOTES**
- Pain is a subjective experience, consider the clinical context and engage with family before intervention.
- Determine if the child has had any analgesia prior to arrival to the ED.
- Analgesia must be given prior to painful procedures like X-ray.
- Consider calculating with ideal weight in the obese child.
- Monitor regularly HR, RR, Oxygen saturation, Pain Score and Level of Sedation.
- Reassess as necessary based on pharmacological effects of the medication but at least hourly.

**Child Presents with Acute pain**

1. Weigh child and determine analgesia previously given.
2. Assess pain using the appropriate age related pain assessment tool.
3. Instigate the approach of Play, Physical, Pharmacological.

**Mild pain**
- Pain score 1-2
- NIPS score 1-2

**Moderate pain**
- Pain score 3-4
- NIPS score 3-4

**Severe pain**
- Pain score 5-7
- NIPS score 5-7

**If play and physical methods insufficient**

**Oral paracetamol**
- 15 mg/kg (up to 1 g) every 4-6 hours; maximum 60 mg/kg (not to exceed 4 g) daily

**Oral ibuprofen**
- 3 months-18 years: 5-10 mg/kg (max 400 mg)
- 6 or 8 hourly with food
- Maximum 30 mg/kg (not to exceed 2.4 g) daily

**If play and physical methods insufficient**

**Oral paracetamol**
- 15 mg/kg (up to 1 g) every 4-6 hours; maximum 60 mg/kg (not to exceed 4 g) daily

**Oral ibuprofen**
- 3 months-18 years: 5-10 mg/kg (max 400 mg)
- 6 or 8 hourly with food
- Maximum 30 mg/kg (not to exceed 2.4 g) daily

**Intranasal fentanyl**
- 1.5 microgram/kg via atomiser; repeat every 5-10 mins if required (maximum 100 micrograms/dose)
- or
- **Oral oxycodone**
- (immediate release)
- **1-12 months**
- 0.1 mg/kg every 4 hours
- **1-18 years**
- 0.2 mg/kg every 4 hours (usual adult dose 5-15 mg)
- or
- **Oral morphine**
- (immediate release)
- **1-12 months**
- 0.2 mg/kg every 4 hours
- **1-18 years**
- 0.5 mg/kg (max 10 mg) every 4 hours
- and oral paracetamol or ibuprofen

**Intravenous fentanyl**
- 0-28 days
- 0.025-0.05 mg/kg; repeat every 5 mins if required to cumulative maximum 0.1 mg/kg every 4-6 hours
- **1-12 months**
- 0.05 mg/kg repeat every 5 mins if required to cumulative maximum 0.1 mg/kg every 2-4 hours
- **1-18 years**
- 0.05-0.1 mg/kg; repeat every 5 mins if required to a cumulative max 0.2 mg/kg every 2-4 hours

- Requires continuous oximetry, assessment initially every 15 minutes section 13.8
- Intravenous infusion morphine – see formulary