**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>