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

Summary This Guideline provides the best evidence based guidance for clinicians in the management of acute pain in Emergency Departments.

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Applies to Affiliated Health Organisations, Board Governed Statutory Health Corporations, Local Health Districts, Public Health Units, Public Hospitals, Specialty Network Governed Statutory Health Corporations
Distributed to Divisions of General Practice, Ministry of Health, Private Hospitals and Day Procedure Centres, Public Health System, Tertiary Education Institutes
Audience Emergency Departments, Medical, Clinicians, Nursing
INFANTS AND CHILDREN: MANAGEMENT OF ACUTE PAIN IN THE EMERGENCY DEPARTMENT

PURPOSE
This Clinical Practice Guideline provides direction to clinicians in the management of acute pain in the emergency department for infants and children. It is aimed at achieving the best clinical care in the assessment and management of acute pain in infants and children in emergency departments.

KEY PRINCIPLES
This Guideline applies to all facilities where paediatric patients are managed. It requires the Chief Executives of all Local Health Districts and Specialty Health Networks to determine where local adaptations are required or whether it can be adopted in its current format in all hospitals and facilities required to manage acute pain in infants and children.

The Clinical Practice Guideline reflects what is currently regarded as a safe and appropriate approach to the management of acute pain in infants and children. However, as in any clinical situation there may be factors which cannot be covered by a single set of guidelines. This document should be used as a guide, rather than as a complete authoritative statement of procedures to be followed in respect of each individual presentation. It does not replace the need for the application of clinical judgement to each individual presentation.

USE OF THE GUIDELINE
Chief Executives must ensure:

- This Guideline is adopted or local protocols are developed based on the Infants and Children: Management of Acute Pain in the Emergency Department Clinical Practice Guideline
- Local protocols are in place in all hospitals and facilities likely to be required to manage acute pain in infants and children
- Ensure that all staff treating paediatric patients are educated in the use of the locally developed paediatric protocols.

Directors of Clinical Governance are required to inform relevant clinical staff treating paediatric patients of this revised guideline.
REVISION HISTORY

<table>
<thead>
<tr>
<th>Version</th>
<th>Approved by</th>
<th>Amendment notes</th>
</tr>
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<tbody>
<tr>
<td>June 2018 (GL2018_014)</td>
<td>Deputy Secretary, Strategy and Resources</td>
<td>Adjusted formulary for morphine, change to guideline name, general review of formulary</td>
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<tr>
<td>GL2016_009</td>
<td>Deputy Director-General Strategic Development</td>
<td>New Policy</td>
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ATTACHMENTS

1. Infants and Children: Management of Acute Pain in the Emergency Department: Guideline
**Error in Pain score GL2018_014 Infants and Children: Management of Acute Pain in the Emergency Department**

**Background**

GL2018_014 Infants and Children: Management of Acute Pain in the Emergency Department was issued by the ACI in June 2018. Paediatric clinicians recently identified an error in GL2018_014 which is a patient safety risk for children 2 months of age or older.

**Identified issue and correct prescribing of analgesia**

The pain scores incorrectly mirror the Neonatal Infant Pain Scale (NIPS) (< 2 months old) in the algorithm. The NIPS pain score range is 1-7 out of 7, whereas the paediatric pain score range is 1-10 out of 10. Clinicians following the algorithm in GL2018_014 could be administering opioids to children in higher doses or via parenteral routes for moderate pain (pain score of 4-6 out of 10), when these options are clinically appropriate for severe pain (pain score 7-10 out of 10). Intravenous and intranasal opioids should be limited to paediatric patients with a pain score of 7-10 out of 10.

GL2018_014 has been rescinded and is in the process of being updated to reflect the correct scores. The revised Guideline will be reissued as soon as possible. In the interim, please follow the below recommendations:

<table>
<thead>
<tr>
<th>Mild pain</th>
<th>Moderate pain</th>
<th>Severe pain</th>
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<tbody>
<tr>
<td>Pain score* 1-3 or NIPS score 1-2</td>
<td>Pain score* 4-6 or NIPS score 3-4</td>
<td>Pain score* 7-10 or NIPS score 5-7</td>
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</table>

*For use in paediatric patients greater than 2 months of age, use paediatric pain assessment tools [eg. Face, Legs, Activity, Cry, Consolability (FLACC); Faces Pain Scale (FPS-R), Linear Scale (visual analogue scale); or Revised FLACC (r-FLACC)].

- **For mild pain:** consider the use of oral paracetamol AND/OR ibuprofen.
- **For moderate pain:** consider the use of oral paracetamol OR ibuprofen, AND oral oxycodone.
- **For severe pain:** consider the use of oral paracetamol OR ibuprofen AND intranasal fentanyl OR oral oxycodone OR oral morphine OR intravenous morphine (ensure continuous pulse oximetry is maintained for two hours post administration of intravenous opioids).

For information on dosing, please refer to the [AMH Children's Dosing Companion](http://www.health.nsw.gov.au/sabs) available via CIAP.

**Suggested actions by Local Health Districts/Networks**

1. Forward information to appropriate areas for action.
2. Remove and destroy all printed and downloaded electronic versions of GL2018_014.
3. Distribute this Safety Notice to guide practice until the revised Guideline is available.
4. Ensure a system is in place to document actions taken.