

Guidelines for the management of pain in children in paediatric emergency

History

Issue	Date Issued	Brief Summary of Change	Author
1	Sept 2019		
2			

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Policy Author	Dr F MacCarthy
Department/Directorate	Women's Health and Paediatrics
Date of issue	Sept 2019
Review due	Sept 2023
Ratified	Sept 2019
Audience	Paediatric Department

Scope:

This guideline is for healthcare professionals who provide care for children presenting to Paediatric A&E with moderate to severe pain at triage. Refer to BNFC for dosages of medication. Use in conjunction with the sedation guideline and morphine PCA guideline and proforma as indicated.

Background:

RCPCH standards are: Analgesia should be given within 20 minutes of arrival in PED and pain score reviewed and acted upon within 60 minutes.

References:

Adapted from NICE guidelines

<https://cks.nice.org.uk/analgesia-mild-to-moderate-pain>

RCN guidelines 2013: Management of pain in children

<https://www.rcn.org.uk/professional-development/publications/pub-003542>

Assessment of Acute Pain in Children in the Emergency Department.

Guideline for the Management of Pain in Children. The College of Emergency Medicine 2017

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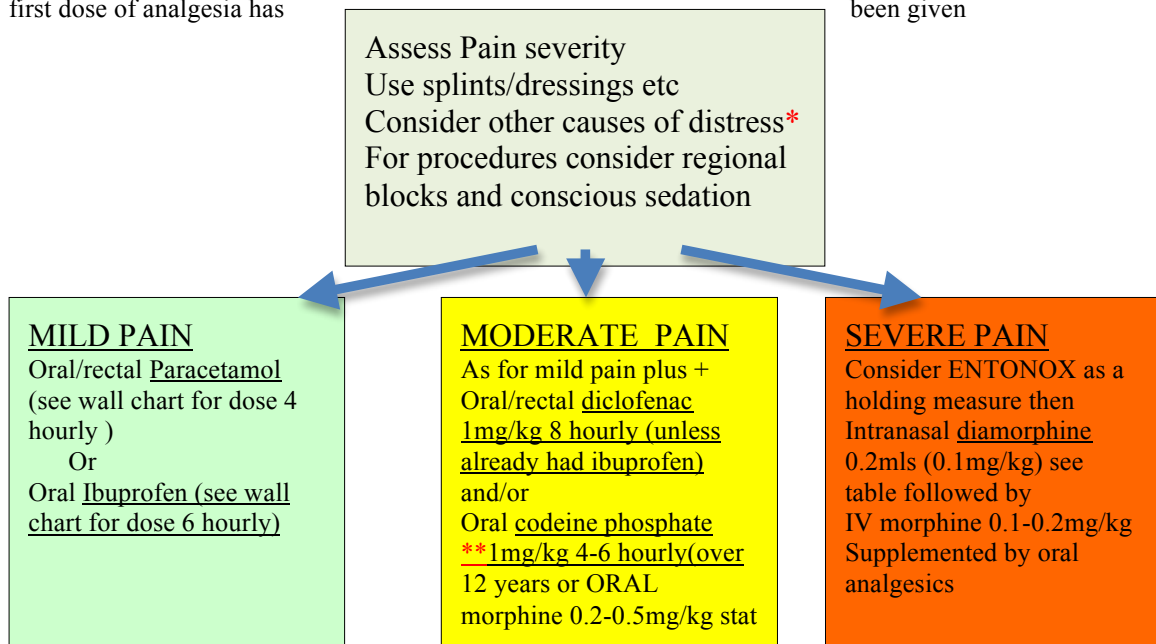
Pain Algorithm:

RCPCH standards are: Analgesia should be given within 20 minutes of arrival in PED and pain score reviewed and acted upon within 60 minutes

Assessment of acute pain in children in the Emergency Department

Degree of pain (Numerical score)	No Pain (0)	Mild Pain (1)	Moderate Pain (2)	Severe Pain (3)
Faces Scale Score				
Behaviour	<ul style="list-style-type: none"> * Normal Activity * No ↓ movement * Happy 	<ul style="list-style-type: none"> * Rubbing affected area * Decreased movement * Neutral expression * Able to play/talk normally 	<ul style="list-style-type: none"> * Protective of affected area * ↓ movement/quiet * Complaining of pain * Consolable crying * Grimaces when affected part moved/touched 	<ul style="list-style-type: none"> * No movement or defensive of affected part * Looking frightened * Very quiet * Restless/unsettled * Complaining of lots of pain * Inconsolable crying
Injury Example	Bump on head	Abrasion Small laceration Sprain ankle/knee # fingers/clavicle Sore throat	Small burn/scald Finger tip injury # forearm/elbow/ankle Appendicitis	Large Burn # Long bone/ dislocation Appendicitis Sickle crisis
Category chosen (tick)				

At triage hand out pain scoring sheet to parents and ask them to return it to you in 20 minutes after the first dose of analgesia has been given



PAIN SCORING SHEET:

** The MHRA has restricted the use of codeine to those over 12 years

HOW IS YOUR CHILD'S PAIN? PLEASE hand this Paper back to the nurse 20 minutes after the first dose of the pain medication. THANK YOU!

Ask our nursing or doctors if you have any questions

1) USE THIS FACE SCORE IF YOUR CHILD IS ABLE TO POINT AND TELL YOU ABOUT THEIR PAIN (usually child age 3 or above can do this) circle the score



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2) USE THIS SCALE IF YOUR CHILD IS A BABY/INFANT OR NON-VERBAL

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

Circle the statements that apply

The use of intranasal Diamorphine

Indications:

To be included as part of the first-line treatment of severe pain in a child (without IV access).
For example, in children with pain secondary to:

- Clinically suspected limb fractures
- Painful/distressing burns

Contraindications:

- Need for immediate IV access (use parenteral morphine)
- Significant nasal trauma
- Blocked nose or upper respiratory tract infection
- Age < 1 year (or weight < 10kg)
- General contraindications/sensitivity to diamorphine or morphine use
- Significant head injury

By intranasal Diamorphine administration of Ayendi Nasal spray for those 2-15 years old

Introducing Ayendi® Nasal Spray (Diamorphine Hydrochloride) -Licensed, effective, accurate, simple

Ayendi® Nasal Spray is licensed for the treatment of acute severe nociceptive pain in children and adolescents 2 to 15 years of age in a hospital setting. Ayendi® Nasal Spray should be administered in the emergency setting by practitioners experienced in the administration of opioids in children and with appropriate monitoring.

Licensed
For relief of acute severe nociceptive pain in patients aged 2-15 years^{1,2}

Rapid
Highly effective at 5 minutes post dose³

Reliable
Onset of action of oral morphine delayed and unpredictable⁴

Avoids off-label use
Assessed for efficiency, safety and quality

Metered dose
Precise volume and dose in every spray^{1,2}

Consistent droplets
Optimal absorption and minimal run-off⁵



Minimal distress
Rated as acceptable by 98% of children²

Disposable tips
Multi-patient use from one bottle, for easy, fast administration^{1,2}

Simple to use
Easy reconstitution procedure for multiple patients^{1,2}

Simple to store
No need for refrigeration^{1,2}

Simple dosing
Helps minimise risk of error

Easy recognition
Available in two clearly labelled strengths

The ONLY licensed intranasal diamorphine

Now available in a smaller pack size (5ml diluent)

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Ayendi® Product Range

Presentation	Total diamorphine dose in bottle (as supplied)	Volume when reconstituted	Single dose (dose per spray)	Single spray liquid volume
Diamorphine 720mcg /actuation nasal spray bottle ¹	72mg	5ml (14.4mg/ml)	0.72mg	0.05ml
	144mg	10ml (14.4mg/ml)		
Diamorphine 1600mcg /actuation nasal spray bottle ²	160mg	5ml (32mg/ml)	1.6mg	0.05ml
	320mg	10ml (32mg/ml)		

720mcg/spray for children 12kg to <30kg¹

Weight of child	Approx age	Total No. Sprays*	Total dose delivered
12kg to <18kg	2-5 years	2	1.44mg
18kg to <24kg	5-8 years	3	2.16mg
24kg to <30kg	8-10 years	4	2.88mg (max dose)



1600mcg/spray for children and adolescents 30kg to 50kg²

Weight of child	Approx age	Total No. Sprays*	Total dose delivered
30kg to <40kg	10-14 years	2	3.20mg
40kg to 50kg	14-15 years	3	4.80mg (max dose)



*Must be administered into alternating nostrils

Patients should be monitored for at least 30 minutes following administration for signs of respiratory depression^{1,2}

Ayendi® Nasal Spray is available to order from your nearest AAH wholesaler. Order codes:
Ayendi® Nasal Spray 72mg/5ml 720mcg/spray AYE0004K, Ayendi® Nasal Spray 144mg/10ml 720mcg/spray AYE0001W,
Ayendi® Nasal Spray 160mg/5ml 1600mcg/spray AYE0005G, Ayendi® Nasal Spray 320mg/10ml 1600mcg/spray AYE0003Y.

For further information please email: ayendi@wockhardt.co.uk or call 01978 661261 or visit www.wockhardt.co.uk/ayendi.html
Prescribing information can be found overleaf.



Intravenous Morphine

Initially by intravenous injection

- **For Neonate**

50 micrograms/kg every 6 hours, adjusted according to response, dose to be administered over at least 5 minutes, alternatively (by intravenous injection) initially 50 micrograms/kg, dose to be administered over at least 5 minutes, followed by (by continuous intravenous infusion) 5–20 micrograms/kg/hour, adjusted according to response.

- **For Child 1–5 months**

100 micrograms/kg every 6 hours, adjusted according to response, dose to be administered over at least 5 minutes, alternatively (by intravenous injection) initially 100 micrograms/kg, dose to be administered over at least 5 minutes, followed by (by continuous intravenous infusion) 10–30 micrograms/kg/hour, adjusted according to response.

- **For Child 6 months–11 years**

100 micrograms/kg every 4 hours, adjusted according to response, dose to be administered over at least 5 minutes, alternatively (by intravenous injection) initially 100 micrograms/kg, dose to be administered over at least 5 minutes, followed by (by continuous intravenous infusion) 20–30 micrograms/kg/hour, adjusted according to response.

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For Child 12–17 years

5 mg every 4 hours, adjusted according to response, dose to be administered over at least 5 minutes, alternatively (by intravenous injection) initially 5 mg, dose to be administered over at least 5 minutes, followed by (by continuous intravenous infusion) 20–30 micrograms/kg/hour, adjusted according to response.

IF PCA Prescribed please use the PCA proforma

All patients receiving morphine should be on continuous monitoring

After a dose of morphine should be observed in the department for 4 hours

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