Procedural Pain Management

All patients: age-appropriate explanation, avoid delays between telling patient about procedure and performing it, give illusion of choice, position patient in comforting restraint w/parent or caretaker (but not held down by parent)
Parents & providers: avoid criticism, apology, reassurance, buzz words eg hurt, shot, sting, burn, pain
Discuss with parent **distraction** methods to use during procedure: books, videos, games, bubbles, party blowers, etc.

Pretreatment & Adjuncts – use liberally in all patients

**Minor painful procedure:** oral analgesic (acetaminophen, ibuprofen, oral opiate), intranasal fentanyl 1.5 mcg/kg

**Anxiety:** Midazolam intranasal 0.3mg/kg (max 20mg) 5’ before or PO 0.5mg/kg (max 20mg) 20’ before

**Laceration:** topical LET (30’)

**Needle procedure:** EMLA (60’) or LMX (30’)

**Neonate/infant:** oral sucrose & pacifier during

**IV, Venipuncture, IM shot, Fingerstick**
Use ultrasound or vein transilluminator, counterpressure (rub surrounding skin), J-tip subQ lidocaine, vapocoolant / cold

**Urethral catheterization:**
check bladder full with ultrasound, viscous lidocaine at urethra

**NGT placement:** nebulized lidocaine

**Suturing, Abscess I & D,**
**Lumbar puncture, Central line**
Injected local anesthetic (buffer, warm, use small gauge needle to inject, inject slowly, counter-irritate surrounding skin to decrease injection pain)

Nitrous oxide if available

**Very painful or invasive procedure:**
eg eg fracture /dislocation reduction, chest tube

**Procedural sedation** dep on provider experience & training: Ketamine, Propofol, Fentanyl & Versed