

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, Fingertick

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 fracture /dislocation reduction, chest tube
Procedural sedation dep on provider experience & training: Ketamine, Propofol, Fentanyl & Versed