

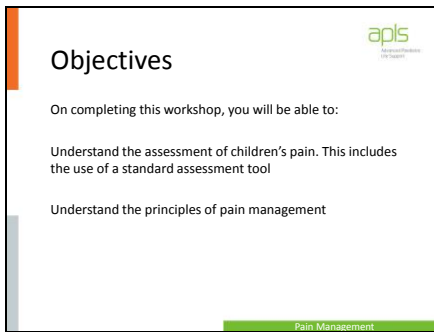
Slide 1



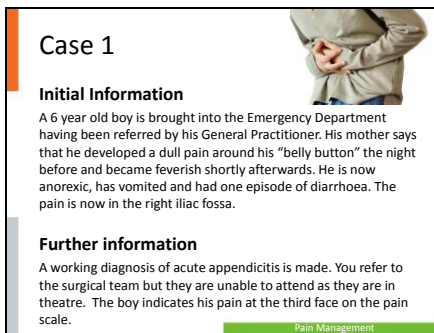
Please read the notes under the slides

Updated for use with APLS ANZ 5e manual, March 2013.
V1

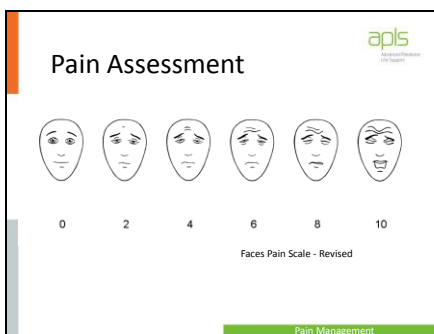
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Slide 3



Slide 4



The faces pain scale-revised shows a close linear relationship with visual analog pain scales across the age range 4 through 16 years. It is recommended for use with younger children in parallel with numerical self-rating scales (0-to-10) for older children and behavioural observation scales for those unable to provide self-report. Mention that pain assessment in babies and younger children is more difficult, with a number of validated behavioural scale in use (e.g. FLACC scale for infants).

Assessment will also include observation of physiological parameters (pulse rate, respiratory rate), skin changes (pallor and sweating) along with behavioural cues (e.g. crying).


Always consider the anticipated pain with a known injury.

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Common analgesics

Mild to moderate pain
Sucrose
Paracetamol
Ibuprofen

Moderate to severe pain
Fentanyl (including intranasal)
Morphine
Oxycodone
Ketamine



Pain Management

Be prepared to discuss removal of Codeine from WHO pain ladder.

Topical analgesia may include Lignocaine/Prilocaine mixtures or 4% Amethocaine together with cold sprays in older children with larger veins.

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Common analgesics

Consider Entonox or Nitrous Oxide for procedural pain relief

Remember distraction techniques and environment

Topical analgesia for IV access

Local anaesthetics

- topical lignocaine for mucositis
- ring blocks for partial amputation
- for eye injuries


Pain Management

Be prepared to discuss removal of Codeine from WHO pain ladder.

Topical analgesia may include Lignocaine/Prilocaine mixtures or 4% Amethocaine together with cold sprays in older children with larger veins.

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Case 2



Initial Information

A woman runs in to the Emergency Department carrying a baby in her arms. The child is screaming loudly. The woman explains that she had just made a cup of tea at home when the phone rang. She turned to pick up the phone and accidentally knocked over the cup of tea onto the baby.

Further information

The child is crying loudly. There are partial thickness burns to the front of the chest, to the right shoulder and to the left thigh. You estimate the total area at 4%.

Pain Management

First aid
Initial analgesia
Covering burn – cling film

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Specific therapies

Dressings (especially in burns)

Fracture stabilisation

- reduction of fractures / dislocations
- splinting / backslab

Procedural sedation needs appropriate planning and training


Pain Management

Be prepared to discuss removal of Codeine from WHO pain ladder.

Topical analgesia may include Lignocaine/Prilocaine mixtures or 4% Amethocaine together with cold sprays in older children with larger veins.

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Case 3



Initial Information

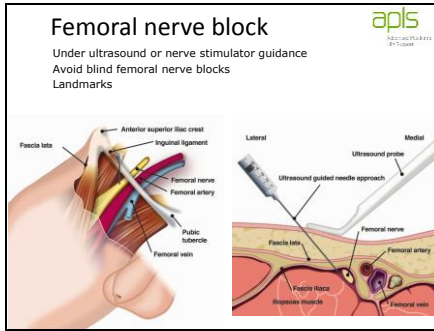
A 12 year old girl who had been running across a road has been hit by a car. She is brought in by a paramedic crew with a cervical collar in place and on a scoop stretcher. There is a box splint around her left leg. She is screaming in pain.

Further information

Initial assessment and management are carried out, she is stabilised. There is considerable swelling mid thigh on the left side and some angulation of the femur. She is still crying in pain and points to her left thigh as a major source. There are no other major injuries.

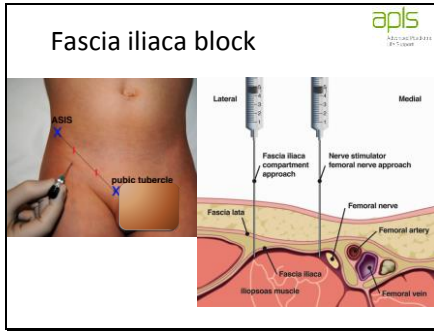
Pain Management

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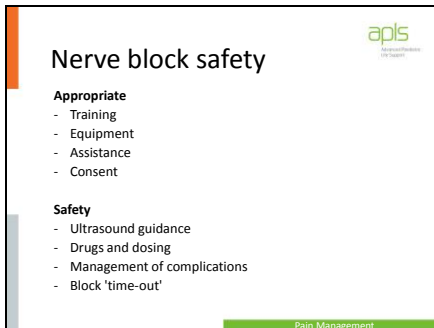
Ropivacaine - Less toxicity than bupivacaine as the isomer binds less to cardiac tissue
Greater specificity for sensory nerves than motor nerves

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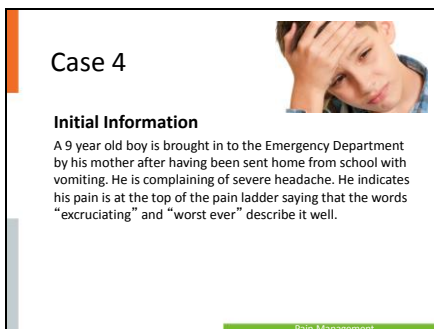
The local anesthetic is injected immediately below the fascia iliaca enabling a block of the nerves arising from the lumbar plexus
Injection point is 0.5-1cm below the junction of the lateral 1/3 and the medial 2/3 of the skin projection of the inguinal ligament.
Regional anaesthesia needle is inserted at right angles to the skin and two resistances are sought – the fascia lata and the fascia iliaca
Effective and safe block
Ropivacaine 2mg/ml (0.2%) at 1mg/ml to maximum of 30 ml sciatic nerve (9).

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Recommend caution using a nerve stimulator with a non-immobilised fracture.
Ropivacaine - Less toxicity than bupivacaine as the isomer binds less to cardiac tissue
Greater specificity for sensory nerves than motor nerves

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Case 4



Further information

You notice that the boy is able to walk normally and takes an interest in his surroundings. While you are talking to his mother, he starts playing a computer game which he has in his coat pocket. He is eating a chocolate bar. You ask him again to assess his pain using the pain scale and he again indicates that it's the worst pain he has ever had and describes it as excruciating.

Pain Management

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Pain Management

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Summary



You should now be able to:

- Understand the assessment of children's pain.
 - Assessment tools
 - Self-reporting
 - Objective signs
 - Parental opinion
- Understand the principles of pain management

Pain Management