Lucile Packard Children's Hospital Stanford

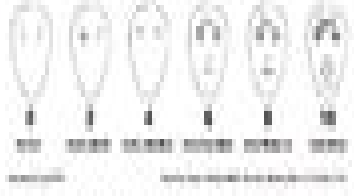
Pediatric Pain Pocket Reference

Pediatric Pain Assessment Tools

FLACC Scale (Revised or Original)			
Individuals 2 months – 7 years and Cognitively Impaired Developmental Disorders			
Categories	0	1	2
Face	No particular expression or smile	Occasional grimace or frown, withdrawn, disinterested	Frequent to continuous quivering chin, clenched jaw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, tense and fidgety, tense	Arched, rigid or jerking
Cry	None (awake or asleep)	Moans or whimpers, occasional complaint	Crying steadily, screams or sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging or talking, distractable	Difficult to console or comfort

Each of the five categories (F, Face; L, Legs; A, Activity; C, Cry; C, Consolability) is scored from 0–2, which results in a total score between 0–10. Validated for acute perioperative pain assessment in non-verbal children 2 months–7 years. Pilot use, 2 provider pain medication order written for score ≥ 4 that does not respond to comfort measures.

FACES Pain Scale – Revised (FPS-R)



Source: Wong-Baker FACES Foundation, www.wongbakerfaces.org

Used for children developmentally aged 3–4 years old. Consider pain medication for score > 4 that does not respond to comfort measures.

0–10 Numeric Pain Rating Scale

To transfer patient or make consult, please call Transfer Center: (877) 520-4 (PCH) (724) 5724

www.lpch.org/patientsandfamilies/pain-medicine

Pediatric Adjuvant Rx Dosing Table (Recommended starting doses < 50kg)

Drug	Dose Range	Indications/Comments
ADJUVANTS		
Lorazepam	Typical: 0.1–0.5 mg/kg q6hr; may up-titrate; Rx: 0.05 mg/kg q6hr	As needed or q6hr for agitation, anxiety, skeletal muscle spasm. *Caution in adjunct to opioids for sedation, respiratory, neuromuscular monitoring
Diazepam	Rx: 0.1 mg/kg q6hr	As needed for anxiety, skeletal muscle spasm. Typical starting dose 0.1 mg/kg q6hr, may titrate to q4hr
Gabapentin	Rx: 5–10 mg/kg/day or 3 divided doses (children < 12 years old)	Neuropathic pain and adjunctive use of opioid analgesia. Start low and titrate
Amitriptyline	Rx: Start 0.5 mg/kg QHS, may advance over 2–3 weeks to 2–3 mg/kg QHS	Indications: headache prophylaxis, IBS, neuropathic pain. Can prolong QT interval. Check EKG if dosing above 3 mg/kg
Nortriptyline	Rx: Start 0.5 mg/kg QHS, may advance over 2–3 weeks to 2–3 mg/kg QHS	Indications: headache prophylaxis, IBS, neuropathic pain. Can prolong QT interval. Check EKG if dosing above 3 mg/kg
NON-OPIOID AGENTS		
Tramadol	Rx: 1–2 mg/kg q6hr	Typical dosing: Start with 1 mg/kg q6hr, up-titrate to 2 mg/kg q6hr. Serotonin syndrome, seizures, GI side effects, dizziness, may lower seizure threshold. Full opioid agonist, cross-tolerance with other opioids. Caution in patients taking SSRIs, SNRIs, TCAs, monoamine oxidase inhibitors, or opioid dependent patients
Ketorolac	Rx: 0.5 mg/kg	Nonsteroidal anti-inflammatory. Do not use in patients on long term NSAIDs, renal insufficiency, coagulopathy, GI bleed, peptic ulcer disease, or allergy to NSAIDs. Risk: nephrotoxicity, platelet dysfunction. Patients must be fluid replete, monitor renal function, avoid in patients with allergy to NSAIDs, renal insufficiency, coagulopathy, GI bleed, peptic ulcer disease

Drug	Dose Range	Indications/Comments
SIDE EFFECT MANAGEMENT		
Diphenhydramine	Rx: 0.5 mg/kg q6hr	As needed for pruritus but effective for opioid induced pruritus. Side effects: sedation, anticholinergic, antiemetic effects for opioid induced pruritus
Hydroxyzine	Rx: 0.5 mg/kg q6hr	As needed for pruritus
Ondansetron	Rx: 0.1 mg/kg q6hr	As needed for nausea/vomiting or pruritus
Metoclopramide	Rx: 0.1 mg/kg q6hr	As needed for nausea/vomiting
Docusate	Rx: 50–100 mg/day (0.5–1 mg/kg/day) q12hr	As needed for constipation, to assist medications for opioid induced gastroparesis
Docusate Sodium	Rx: 10 mg/kg BID to 15 mg/kg BID (1–15 g/day)	As needed for hard stools
Polyethylene Glycol (PEG)	Rx: 1–2 g/day daily (1 kg/m²) 8–15 g/day (0.5–1 g/kg/day) 15 g/day (1 g/kg/day)	Scheduled or as needed for constipation, can be used up to QD–BID (opioid)
Senna	Rx: 1 tab QHS (1–2 tabs) 2 tab QHS (2–4 tabs) 3 tab QHS (6 tabs)	Scheduled or as needed for constipation
Methylnaltrexone	SQ every other day 0.15 mg/kg (0.08 mg/kg) 0.2 mg/kg (0.15 mg/kg) 0.3 mg/kg (0.15 mg/kg) 0.4 mg/kg (0.15 mg/kg)	As needed for refractory constipation, do not use if mechanical bowel obstruction suspected

Additional options to consider for constipation refractory to above agents: naloxegol, lubiprostone, linaclotide, prucalopride, methylnaltrexone, naloxone, milk of magnesia, magnesium citrate, magnesium hydroxide, glycerin suppository, bisacodyl suppository, enemas, manual disimpaction

Recommended Opioid Starting Doses

Drug	Dose Range	Max Single Dose	Max Daily Dose	Max Duration	Comments
Morphine	Rx: 0.05–0.1 mg/kg q4hr (0.1 mg/kg q6hr)	10 mg	60 mg	Short-term (3–5 days)	Short-acting opioid. Prolonged use may lead to tolerance, dependence, withdrawal. Caution in renal impairment, hepatic impairment, neonates, infants, children, adolescents. Avoid in patients with allergy to morphine, severe respiratory depression, acute or severe bronchial asthma, suspected or known paralytic ileus. Caution in patients with hypotension, hypothyroidism, adrenal insufficiency, prostatic hypertrophy, biliary tract disease, pancreatitis, seizure disorder, head injury, increased intracranial pressure, renal impairment, hepatic impairment, COPD, cor pulmonale, hypoventilation, obesity, sleep apnea, myxedema, alcohol use disorder, substance use disorder, concomitant use of other CNS depressants, MAOIs, or serotonergic agents. Monitor for respiratory depression, sedation, hypotension, constipation, nausea, vomiting, urinary retention, pruritus, tolerance, dependence, withdrawal. Avoid in patients with severe respiratory depression, acute or severe bronchial asthma, suspected or known paralytic ileus
Hydromorphone	Rx: 0.01 mg/kg q4hr (0.02 mg/kg q6hr)	2 mg	12 mg	Short-term (3–5 days)	Short-acting opioid. Prolonged use may lead to tolerance, dependence, withdrawal. Caution in renal impairment, hepatic impairment, neonates, infants, children, adolescents. Avoid in patients with allergy to hydromorphone, severe respiratory depression, acute or severe bronchial asthma, suspected or known paralytic ileus. Caution in patients with hypotension, hypothyroidism, adrenal insufficiency, prostatic hypertrophy, biliary tract disease, pancreatitis, seizure disorder, head injury, increased intracranial pressure, renal impairment, hepatic impairment, COPD, cor pulmonale, hypoventilation, obesity, sleep apnea, myxedema, alcohol use disorder, substance use disorder, concomitant use of other CNS depressants, MAOIs, or serotonergic agents. Monitor for respiratory depression, sedation, hypotension, constipation, nausea, vomiting, urinary retention, pruritus, tolerance, dependence, withdrawal. Avoid in patients with severe respiratory depression, acute or severe bronchial asthma, suspected or known paralytic ileus
Fentanyl	Rx: 0.1 mcg/kg q1hr (0.2 mcg/kg q2hr)	0.5 mcg/kg	3 mg	Short-term (3–5 days)	Short-acting opioid. Prolonged use may lead to tolerance, dependence, withdrawal. Caution in renal impairment, hepatic impairment, neonates, infants, children, adolescents. Avoid in patients with allergy to fentanyl, severe respiratory depression, acute or severe bronchial asthma, suspected or known paralytic ileus. Caution in patients with hypotension, hypothyroidism, adrenal insufficiency, prostatic hypertrophy, biliary tract disease, pancreatitis, seizure disorder, head injury, increased intracranial pressure, renal impairment, hepatic impairment, COPD, cor pulmonale, hypoventilation, obesity, sleep apnea, myxedema, alcohol use disorder, substance use disorder, concomitant use of other CNS depressants, MAOIs, or serotonergic agents. Monitor for respiratory depression, sedation, hypotension, constipation, nausea, vomiting, urinary retention, pruritus, tolerance, dependence, withdrawal. Avoid in patients with severe respiratory depression, acute or severe bronchial asthma, suspected or known paralytic ileus
Oxycodone	Rx: 0.1 mg/kg q4hr (0.2 mg/kg q6hr)	5 mg	30 mg	Short-term (3–5 days)	Short-acting opioid. Prolonged use may lead to tolerance, dependence, withdrawal. Caution in renal impairment, hepatic impairment, neonates, infants, children, adolescents. Avoid in patients with allergy to oxycodone, severe respiratory depression, acute or severe bronchial asthma, suspected or known paralytic ileus. Caution in patients with hypotension, hypothyroidism, adrenal insufficiency, prostatic hypertrophy, biliary tract disease, pancreatitis, seizure disorder, head injury, increased intracranial pressure, renal impairment, hepatic impairment, COPD, cor pulmonale, hypoventilation, obesity, sleep apnea, myxedema, alcohol use disorder, substance use disorder, concomitant use of other CNS depressants, MAOIs, or serotonergic agents. Monitor for respiratory depression, sedation, hypotension, constipation, nausea, vomiting, urinary retention, pruritus, tolerance, dependence, withdrawal. Avoid in patients with severe respiratory depression, acute or severe bronchial asthma, suspected or known paralytic ileus
Tramadol	Rx: 1 mg/kg q6hr (1.5 mg/kg q6hr)	50 mg	300 mg	Short-term (3–5 days)	Short-acting opioid. Prolonged use may lead to tolerance, dependence, withdrawal. Caution in renal impairment, hepatic impairment, neonates, infants, children, adolescents. Avoid in patients with allergy to tramadol, severe respiratory depression, acute or severe bronchial asthma, suspected or known paralytic ileus. Caution in patients with hypotension, hypothyroidism, adrenal insufficiency, prostatic hypertrophy, biliary tract disease, pancreatitis, seizure disorder, head injury, increased intracranial pressure, renal impairment, hepatic impairment, COPD, cor pulmonale, hypoventilation, obesity, sleep apnea, myxedema, alcohol use disorder, substance use disorder, concomitant use of other CNS depressants, MAOIs, or serotonergic agents. Monitor for respiratory depression, sedation, hypotension, constipation, nausea, vomiting, urinary retention, pruritus, tolerance, dependence, withdrawal. Avoid in patients with severe respiratory depression, acute or severe bronchial asthma, suspected or known paralytic ileus
Codeine	Rx: 0.5 mg/kg q4hr (1 mg/kg q6hr)	30 mg	300 mg	Short-term (3–5 days)	Short-acting opioid. Prolonged use may lead to tolerance, dependence, withdrawal. Caution in renal impairment, hepatic impairment, neonates, infants, children, adolescents. Avoid in patients with allergy to codeine, severe respiratory depression, acute or severe bronchial asthma, suspected or known paralytic ileus. Caution in patients with hypotension, hypothyroidism, adrenal insufficiency, prostatic hypertrophy, biliary tract disease, pancreatitis, seizure disorder, head injury, increased intracranial pressure, renal impairment, hepatic impairment, COPD, cor pulmonale, hypoventilation, obesity, sleep apnea, myxedema, alcohol use disorder, substance use disorder, concomitant use of other CNS depressants, MAOIs, or serotonergic agents. Monitor for respiratory depression, sedation, hypotension, constipation, nausea, vomiting, urinary retention, pruritus, tolerance, dependence, withdrawal. Avoid in patients with severe respiratory depression, acute or severe bronchial asthma, suspected or known paralytic ileus

Neuromuscular Quick Pocket Reference

Brendan G. Carr

Neuromuscular Quick Pocket Reference:

Neuromuscular Quick Pocket Reference ,2012 Neuromuscular Quick Pocket Reference provides easy and efficient access to common physical examination techniques and other neurological tests performed in a broad range of specialties Mainly composed of tables charts and photographs this handy reference puts together and organizes the information that clinicians use on a daily basis *Neuromuscular Quick Pocket Reference* Rawa Jaro Araim,Maryam Rafael Aghalar, DO,Lyn D. Weiss, MD,2011-12-28 Neuromuscular Quick Pocket Reference provides easy and efficient access to common physical examination techniques and other neurological tests performed in a broad range of specialties Mainly composed of tables charts and photographs this handy reference puts together and organizes the information that clinicians use on a daily basis The first part of the book covers musculoskeletal physical exam by region Each entry is formatted and includes test name s purpose techniques clinical findings for positive test sensitivity specificity and sources Photographs showing proper placement and action accompany most entries and provide a visual blueprint for successfully replicating tests in the exam room The second part of the book is devoted to common neurological tests and scales for on the go reference including muscles motor points dermatomes and myotomes spasticity findings radiculopathies traumatic brain injury assessment stroke scales pressure ulcers and much more Features of Neuromuscular Quick Pocket Reference Include Pocket sized for portability and ease of use Covers common neuromuscular assessment tests performed on a daily basis Technical photographs enhance understanding and help hone point of care exam skills Sensitivity and specificity of each test is displayed Presents frequently used neurological tables and scales for quick look up of essential patient care information Physical Medicine and Rehabilitation Q&A Review Lyn D. Weiss,Harry J. Lenaburg,Jay Weiss,2013-04-19 The first question and answer review book in this field it will help professionals quickly and efficiently review specific topics in PM R The book covers in detail the entire field of physical medicine and rehabilitation with more than 1 500 multiple choice questions with answers and detailed rationales Broken into 15 topic areas this book highlights all of the key concepts in the PM R curriculum for learning and individual self assessment Designed to test recall and sharpen skills the book addresses the fundamental components of PM R training and practice Suggested readings are provided at the end of each section for further study **Physical Medicine and Rehabilitation Q&A Review, Second Edition** Lyn Weiss,Harry Lenaburg,Jay Weiss,2017-05-15 Print version of the book includes free access to the app web iOS and Android which offers interactive Q improved explanations new illustrations

AACN Essentials of Critical Care Nursing Pocket Handbook, Second Edition Marianne Chulay,Suzanne M. Burns,AACN, American Association of Critical-Care Nurses,2010-05-24 Essential Data Critical Care Nurses Must Know Endorsed by the American Association of Critical Care Nurses this go anywhere handbook features tables and figures that encapsulate all the information required to give safe and effective care to critically ill patients Contents include Critical Care Drug Tables Normal Values for Laboratory Tests and Physiologic Parameters Lists of Assessment Components Cardiac

Rhythms ECG Characteristics and Treatment Guides Including Sample Rhythm Strips 12 Lead ECG Changes in Acute Myocardial Ischemia and Infarct Troubleshooting Guide for Hemodynamic Monitoring Equipment Indications for Mechanical Ventilation Weaning Assessment Tool ACLS Algorithms **Lippincott's Quick Reference Book for Medicine and Surgery** George Edward Rehberger,1949 **Musculoskeletal Interventions 3/E** Barbara J. Hoogenboom,Michael L. Voight,William E. Prentice,2014-01-22 The definitive guide to designing and implementing evidence based rehabilitation programs using therapeutic exercise updated in full color Musculoskeletal Interventions 3rd Edition is a comprehensive guide to the system considerations design implementation and progression of rehabilitation programs for musculoskeletal injuries and dysfunction Encompassing many aspects of musculoskeletal rehabilitation with contributions from many renowned authors it focuses on the practical application of theory in a clinical setting making it valuable to both students and experienced physical therapists Musculoskeletal Interventions features an easy to follow body region and functional approach to intervention strategies and is logically divided into five sections Foundations of the Rehabilitation Process Addresses the important considerations in designing a rehabilitation program for the patient with a musculoskeletal injury Provides a guide based overview of the rehabilitation process as well as an introduction to Clinical Reasoning and Algorithmic Thinking in rehabilitation Treating Physiologic Impairments During Rehabilitation Presents information on various physical impairments that may need to be addressed as part of the rehabilitation process The Tools of Rehabilitation Provides an overview of important rehabilitation tools and strategies Delivers detailed coverage of how these interventions should be incorporated into a rehabilitation program to achieve the individualized treatment goals for patients with musculoskeletal pathologies Intervention Strategies for Specific Injuries Covers specific rehabilitation techniques and interventions applied to the treatment of a wide variety of regional musculoskeletal injuries dysfunctions and post operative conditions Special Consideration for Specific Patient Populations Discusses treatment considerations for specific patient populations such as the geriatric patient pediatric patient and physically active female This edition is enhanced by a new full color presentation as well as the inclusion of valuable learning aids such as clinical pearls protocol grids algorithms learning objectives at the beginning of each chapter and end of chapter treatment guidelines and references **Forthcoming Books** Rose Arny,2004 **New Zealand Medical Journal** ,1999 *Drug Information Handbook Pocket Edition* Charles Lacy,Lora Armstrong,Morton Goldman,2002-06 *Drug Information Handbook-Pocket Ed* Charles Lacy,2000 Anaesthesia and Intensive Care ,1996 *Color Atlas of Ophthalmology* Amar Agarwal,Soosan Jacob,2011-01-01 Featuring the clinical expertise of respected authorities in the field the second edition of Color Atlas of Ophthalmology is a lavishly illustrated atlas designed to guide clinicians through the accurate diagnosis and appropriate management of the full range of ophthalmic disorders For each disease or condition the book provides full color clinical photographs that are supplemented by succinct descriptions of symptoms associated findings differential diagnosis and management Features Concise text and bullet point

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Discusses pathomechanics and injury mechanisms while focusing on rehabilitation strategies and concerns for specific injuries and providing example protocols Special Considerations for Specific Patient Populations Provides application of all previous intervention strategies and how these may need to be selected adapted and utilized for geriatric patients pediatric patient and physically active females Musculoskeletal Interventions is filled with features that help you understand and retain critical information Learning aids include objectives tales clinical pearls figures video links summary points chapter ending treatment guidelines and references *The American Review of Respiratory Disease* ,1987 Includes Abstracts section previously issued separately

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