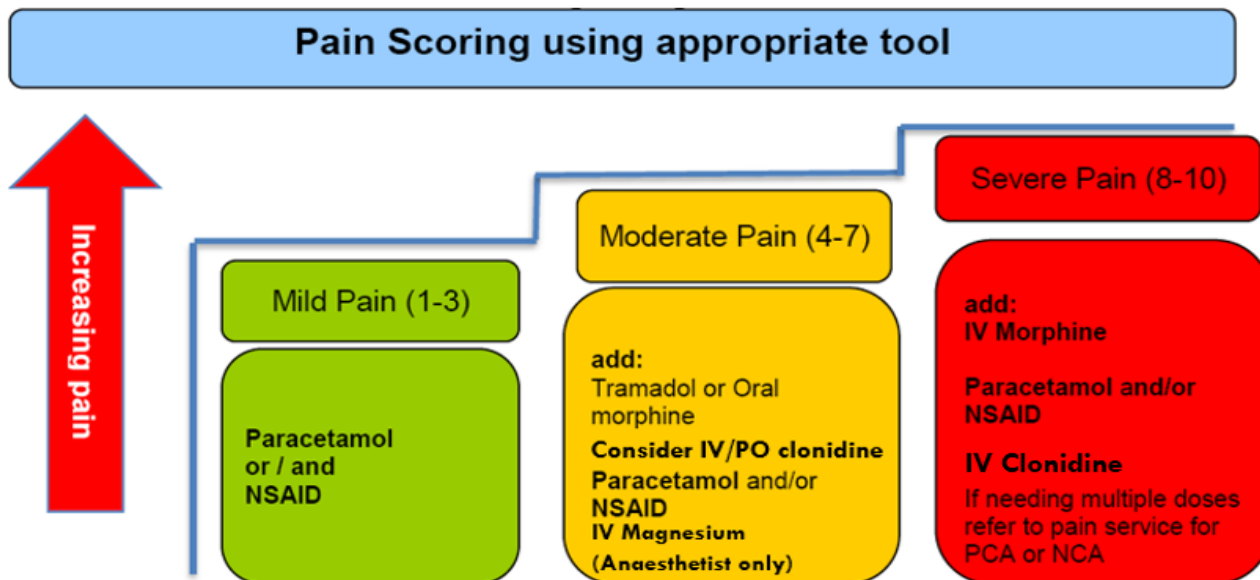


Theatre Anaesthesia & Recovery

This is for children in all services other than the Haem-oncology service



The World Health Organization (WHO) pain ladder modified for Acute Pain Management. *Adjuncts include non-opioids analgesia.

Refer to CHI formulary for dose and route prior to prescribing.

Simple Analgesia

- Paracetamol given regularly post op (mindful of route and dose)
- NSAID regular for 24h or charted PRN (mindful of route)

*Adjuvant agents:

- Clonidine (Acute and Complex pain)
- Magnesium (Specialist Advice, Acute and Complex pain)
- Ketamine (acute and complex pain, minimise opioid toxicity) Specialist Advice, oral route only at present

Antiemetic's:

- Ondansetron
- Dexamethasone
- Cyclizine

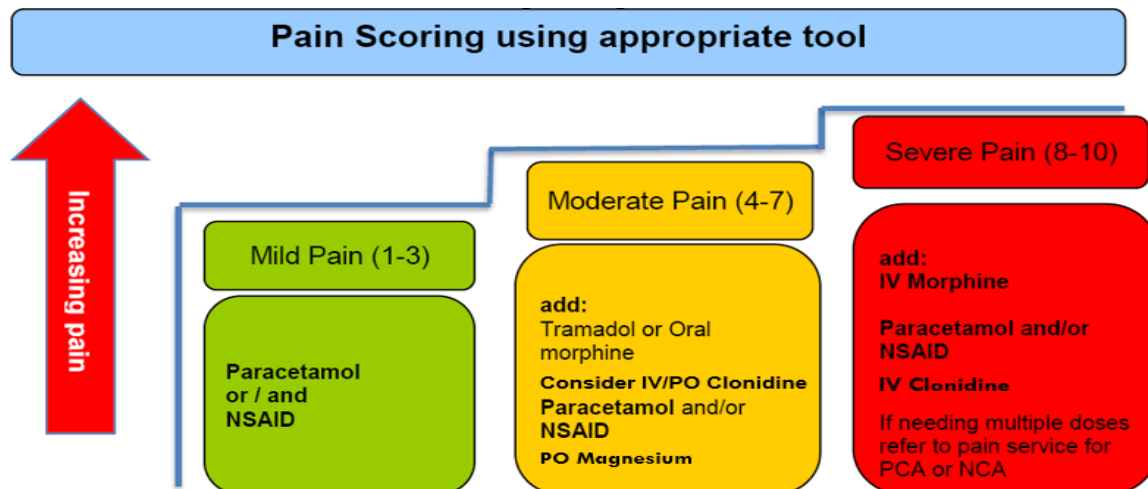
If you can block...block!!

See: A Quick Guide for Peripheral Nerve Blocks Coverage and Efficacy

If pain is not responding to increased analgesia, then check

- Is dose appropriate (check weight)?
- Is route appropriate (e.g. vomiting child may not be absorbing)?
- Have you maximised Adjuvant analgesics?
- Is pain opioid sensitive? (Some pain e.g. neuropathic pain does not always respond fully to opioids)
- Remember psychosocial issues (e.g. fear, anxiety or low mood may contribute to pain experience).

Wards



The World Health Organization (WHO) pain ladder modified for Acute Pain Management. *Adjuncts include non-opioids analgesia.

Refer to CHI formulary for dose and route prior to prescribing.

Simple Analgesia:

- Paracetamol given regularly post op (mindful of route)
- NSAID regular for 24h or charted PRN (mindful of route)

*Adjuvant agents:

- Clonidine (Acute and Complex pain)
- Magnesium (Specialist Advice, Acute and Complex pain)
- Ketamine (acute and complex pain, minimise opioid toxicity) Specialist Advice, oral route only at present
- Diazepam (Short Term, relief of muscle spasm)

Antiemetics:

- Ondansetron
- Dexamethasone
- Cyclizine

Key points

Interventions can cause pain, plan interventions around timed analgesia.

If pain is not responding to increased analgesia, then check

- Is dose appropriate (check weight)?
- Is route appropriate (e.g. vomiting child may not be absorbing)?
- Have you maximised Adjuvant analgesics?
- Is pain opioid sensitive? (Some pain e.g. neuropathic pain does not always respond fully to opioids)
- Remember psychosocial issues (e.g. fear, anxiety or low mood may contribute to pain experience).