

Acute Pain Pediatric Inpatient Management Guideline

Peds abdominal cases

- These patients are typically NPO and their pain regimen should include the epidural infusion and multimodal **IV** pain medications (Acetaminophen IV 10-15mg/kg q6h ATC, Morphine IV 0.05mg/kg q2 PRN BTP).
- Wean off and remove epidural catheter once patient is tolerating a PO diet and has been transitioned to a PO pain medication regimen.
- Max 7 days.

Peds urology (Dr. Chamberlin cases)

- **Patients less than 5yo old (or per Dr. Chamberlin request)**- Epidural catheter removed in PACU. Pain medication orders per surgery team.
- **Patients older than 5yo old**- These patients typically have a diet and their pain regimen should include the epidural infusion and **PO** pain medications (if able to swallow pills then Hydrocodone/acetaminophen (Norco) 5/325mg 1-2 tab for mod and severe pain, Morphine q2 PRN BTP. If unable to swallow pills then Hydrocodone/acetaminophen elixir (hycet) 0.1mg/kg-0.2mg/kg PRN mod and severe pain, Morphine 0.05mg/kg q2h PRN BTP).
- **POD 1- All epidural should come out.**

Peds thoracic cases

- These patients typically have a diet and their pain regimen should include the epidural infusion and **PO** pain medications (if able to swallow pills then Hydrocodone/acetaminophen (Norco) 5/325mg 1-2 tab for mod and severe pain, Morphine q2 PRN BTP. If unable to swallow pills then Hydrocodone/acetaminophen elixir (hycet) 0.1mg/kg-0.2mg/kg PRN mod and severe pain, Morphine 0.05mg/kg q2h PRN BTP).
- Wean off and remove epidural catheter once chest tube is removed and patient is tolerating their PO pain medication regimen.
- Max 7 days.

Peds pectus excavatum cases

- These patients typically have a diet and their pain regimen should include the epidural infusion and PO pain medications (if able to swallow pills then Hydrocodone/acetaminophen (Norco) 5/325mg 1-2 tab for mod and severe pain, Morphine q2 PRN BTP. If unable to swallow pills then Hydrocodone/acetaminophen elixir (hycet) 0.1mg/kg-0.2mg/kg PRN mod and severe pain, Morphine 0.05mg/kg q2h PRN BTP).
- **POD 2- All epidural should come out if patient is tolerating PO pain medication regimen.**

Peds spine cases

- These patients typically have a diet and their pain regimen should include the epidural infusion and **PO** pain medications (if able to swallow pills then Hydrocodone/acetaminophen (Norco) 5/325mg 1-2 tab for mod and severe pain, Morphine q2 PRN BTP. If unable to swallow pills then Hydrocodone/acetaminophen elixir (hycet) 0.1mg/kg-0.2mg/kg PRN mod and severe pain, Morphine 0.05mg/kg q2h PRN BTP).
- **POD 3 or POD 4-** Ensure patient is tolerating their PO pain medication regimen then wean off and remove epidural catheter.

Peds pelvic or leg surgery

- These patients typically have a diet and their pain regimen should include the epidural infusion and **PO** pain medications (if able to swallow pills then Hydrocodone/acetaminophen (Norco) 5/325mg 1-2 tab for mod and severe pain, Morphine q2 PRN BTP. If unable to swallow pills then Hydrocodone/acetaminophen elixir (hycet) 0.1mg/kg-0.2mg/kg PRN mod and severe pain, Morphine 0.05mg/kg q2h PRN BTP).
- **POD 2- All epidural should come out if patient is tolerating PO pain medication regimen.**

Peds nerve block catheters

- These patients typically have a diet and their pain regimen should include the nerve block infusion and **PO** pain medications (if able to swallow pills then Hydrocodone/acetaminophen (Norco) 5/325mg 1-2 tab for mod and severe pain, Morphine q2 PRN BTP. If unable to swallow pills then Hydrocodone/acetaminophen elixir (hycet) 0.1mg/kg-0.2mg/kg PRN mod and severe pain, Morphine 0.05mg/kg q2h PRN BTP).
- **POD 2 or POD 3-** Ensure patient is tolerating their PO pain medication regimen then wean off and remove nerve block catheter.
- Max 7 days.

***** please consult acute pain attending regarding increases or changes in PO and IV pain medications due to patient's allergies or opioid tolerance.**