

## Opioid Guidelines for Pediatric Patients

**These guidelines do not apply to infants in the NICU.**

**Codeine and Tramadol are CONTRAINDICATED in children under 12 years of age.**

1. Evaluate pain on all patients using a developmentally appropriate scale.

**N.B. Opioids are not first line for chronic pain, even moderate to severe pain, which should be managed with an active approach and non-opioid pain relievers whenever possible. When opioids are indicated, based on a careful risk assessment, combine with an active approach and other measures. Be wary of dose escalation over time due to tolerance.**

2. How to dose opioids:

A. Give baseline medication around the clock

B. For breakthrough pain order 10% total daily dose as a PRN given q 1-2h for oral and q 30-60 min for SC/IV.

C. For continuous infusion, PRN can be either the hourly rate q 15 minutes or 10% of total daily dose q 30-60 minutes.

D. Adjust baseline upward daily in amount roughly equivalent to total amount of previous day's PRNs

E. Negotiate with patient/family to target level of relief, balancing function vs. complete absence of pain.

3. In general, oral route is simplest/preferable, then transcutaneous > subcutaneous > intravenous. Determine route as appropriate for situation/acuity and type of pain

4. If parenteral medication is needed for mild to moderate pain, use half the usual starting dose of morphine or equivalent.

5. Short-acting preparations should be used acutely & post-op. Switch to long-acting preparations when pain is chronic and the total daily dose is determined.

6. Avoid multiple agents of similar duration

7. When converting from one opioid to another, some experts recommend reducing the equianalgesic doses by 1/3 to 1/2, then titrate as in #2 above.

8. Infants < 6 months or those with severe renal or liver disease should start on 1/4 to 1/2 the usual starting dose.

9. Administering opioids to children <24 months:

A. **Infants < 6 months:** place on apnea/bradycardia monitor and pulse oximeter

B. **Infants/children 6 months - 24 months:** place pulse oximeter (consider for children with developmental disabilities, h/o prematurity & known respiratory difficulties)

10. Naloxone (Narcan) should only be used in emergencies:

Dilute naloxone (0.4 mg/ml) 0.1 mg (0.25 ml) with 9.75 ml NS (final strength 10 mcg/ml)

Give 2 mcg/kg IV, repeat q2minutes for total of 10mcg/kg

Monitor patient q15 minutes for at least 90 minutes

May need to repeat naloxone again in 30-60 minutes