

Pain Menu

	Procedures	Intervention
Uncomfortable	nasal or tracheal suctioning	1 2 3
	NG placement	1 2 3
	NC adhesive removal or dressing change	1 2 3; parent holding pressure; adhesive remover
	catheter removal	2 3 4; parent holding pressure
Mildly Painful	Heelstick	1 2 3 4
	Venipuncture/IV	1 2 3 4
	Injections	1 2 3 4
Moderately Painful	Wound Care	1 2 3 4
	Arterial stick or arterial line placement	1 2 3 4
	Lumbar Puncture	1 2 3 4 5
	PICC line placement	1 2 3 4 5 6 see PICC protocol
	Intubation	1 2 3 see Intubation protocol
Severely Painful	Paracentesis or Thoracocentesis	1 2 3 4 5 6
	Chest tube placement or removal	1 2 3 4 5 6
	Surgery	1 2 3 4 5 6
Ongoing Pain Management	Post-Op	1 2 3 4 5 6
	NEC	1 2 3 4 5 6
	Infection	1 2 3 4 5 6
	Cooling	1 2 3 4 5 6

Key Points

- Midazolam (Versed) is not recommended in premature infants
- Lorazepam (Ativan) is an anxiolytic. It has no analgesic effect and can mask signs of pain. It can cause hypotension, especially if used with opiates.
- Chloral hydrate is a sedative hypnotic with no analgesic action.
- Consider opiate analgesia for any patient who is muscle relaxed
Muscle relaxing medications (vecuronium, rocuronium) mask signs of pain.

Pain Menu

- 1. Prevention**
 - Does the procedure need to be done?
 - Can the procedure be clustered with other cares?
 - Minimize tape use

- 2. Environmental**
 - Optimal Lighting
 - Quiet
 - Guided parent involvement, holding

- 3. Positioning**
 - Facilitated Tuck: swaddle extremities not involved in the procedure
 - Containment, swaddle with limbs flexed
 - Skin to skin
 - Pacifier
 - Prone position

- 4. Sweetease or Milk**

Dose: 1-10 drops (as little as 1 drop is effective) on tongue or pacifier
Monitor for aspiration
Start 2 minutes before procedure, continue throughout procedure

- 5. Non-opioids**

Acetaminophen (Tylenol)
Dose: 10 – 15 mg / kg PO or 20 – 25 mg / kg PR q 6-8 hours
Max PO Dose: 40 mg / kg / 24 hours if less than 32 weeks
Max PO Dose: 60 mg / kg / 24 hours if greater than 32 weeks
Neonatal clearance is slower than term baby clearance
Consider monitoring vitals and routine LFTs

Elomax, EMLA, topicals
Use as directed
EMLA requires occlusive dressing for 45-60 minutes
Monitor for skin irritation and color changes

Lidocaine, intradermal
0.2 to 0.5 mL of 1% Lidocaine for LP
Max dose not established in prematures (less is protein bound; more is free)
Draw back before infusing to insure dose is not given IV

- 6. Opioids**

Morphine: consider 0.05 to 0.1 mg / kg
Half life is EXTREMELY PROLONGED in patients who are cooled.

Fentanyl: consider 2 mcg per kg
Infuse slowly
More likely to lead to NAS if given for 5 days or longer