### Infants Pain Assessment Scale

<table>
<thead>
<tr>
<th>Pain Behaviors</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>Sub-total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Redness</td>
<td>Quiet</td>
<td>Slightly red</td>
<td>Moderately red</td>
<td>Very red</td>
<td>0</td>
</tr>
<tr>
<td>Tense muscles</td>
<td>Relaxed</td>
<td>Slightly tense</td>
<td>Moderately tense</td>
<td>Very tense</td>
<td>0</td>
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<tr>
<td>Frowning or Grimacing</td>
<td>No frowning or grimacing</td>
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<td>Constant frowning or grimacing</td>
<td>0</td>
</tr>
<tr>
<td>Patient sounds</td>
<td>Slight crying, moan, or no sound</td>
<td>Sighs, groans, or moans softly</td>
<td>Cries or moans loudly</td>
<td>Cries out or sobs</td>
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**Total Score:**

Intervention is required when scores range between 4–12.

### Sedation/Agitation Scale

<table>
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<th>Adult</th>
<th>Pediatric</th>
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<tr>
<td><em>Level 1A</em></td>
<td>Agitated—Anxious or mildly agitated, attempting to sit up, calms down to verbal instruction</td>
</tr>
<tr>
<td><em>Level 1B</em></td>
<td>Very Agitated—Does not calm down despite frequent verbal reminding of limits, requires physical restraints, biting endotracheal tube</td>
</tr>
<tr>
<td><em>Level 1C</em></td>
<td>Dangerously Agitated—Pulling at endotracheal tube, trying to remove catheter, climbing over bed rails, striking at staff, thrashing side to side</td>
</tr>
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</table>

**Crying/Threatening/Restless**

- **Level 1**: Anxious/Agitated/Restless
- **Level 2**: Cooperative/Oriented
- **Level 3**: Responds to commands
- **Level 4**: Brisk response to tactile stimulation or loud noise
- **Level 5**: Somnolent, hard to arouse
- **Level 6**: No response

### NON-VERBAL ADULT/CHILD PAIN ASSESSMENT SCALE

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**Total Score:**

Intervention is required for pain scores between 4–12.

### Pain Management Team

- **Acute Pain Fellow**: (210) 756-2941 (pager)
- **Acute Pain Service**: (210) 358-8203
- **Chronic Pain Clinic**: (210) 358-3635/358-4540
- **Chronic Pain Fellows**: (210) 553-2919 (pager)
- **LCDC (License Chemical Dependency Counselor)**: Call “0” for on call pager (210) 756-6994
- **Pain Management Coordinator, APS**: (210) 756-2941 ( pager)
- **Psychiatry: Division of Alcohol & Drug Addiction**: (210) 756-2270 ( pager)
Opioid Agents

- **Morphine**
  - 10–15 mg/kg/dose, q 4–6 hrs, PO/PR
  - Max dose: 75 mg/kg/day OR 4 g/day

- **Hydromorphone**
  - 0.3–0.5 mg/kg/dose, every 4–6 hrs, PO

- **Propoxyphene**
  - 50–100 mg q 4–6 hrs, PO

- **Fentanyl**
  - 50 mg q 4–6 hrs, PO

- **Oxycodone**
  - 0.05–0.15 mg/kg/dose, q 4–6 hrs, PO

- **Hydrocodone**
  - Elixir Lortab: 2.5 mg hydrocodone & 167 mg Acetaminophen/5 ml
  - Tablet: 5 mg/500 mg with Acetaminophen

- **Oxymorphone**
  - 0.1–0.3 mg/kg/dose, q 4–12 hrs, then q 6–12 hrs

- **Levodropropine**
  - 50 mg q 4–6 hrs, PO

- **Buprenorphine**
  - 0.1 mg/kg/dose, q 4–12 hrs

- **Butorphanol**
  - 0.1 mg/kg/dose, q 4–12 hrs

Non-Opioid Agents

- **Ibuprofen**
  - 5–10 mg/kg/dose, q 6–8 hrs, PO
  - Max dose: 40 mg/kg/day OR 3.2 g/day

- **Naproxen**
  - 125 mg q 12 hrs, PO

- **Acetaminophen**
  - 0.5–1.0 mg/kg/dose, q 4–6 hrs, PO

Pediatric Recommended Dosing Information

- **Morphine**
  - 2–16 yrs: 0.5 mg/kg/dose, q 6 hrs, IV/IM

- **Ketorolac**
  - Max dose: 40 mg/day; Not recommended for patients < age 16 yrs.

Equianalgesic Dose Chart

- Equianalgesic means approximately the same pain relief.
- This chart is a guideline.Dosages in this chart are not necessarily starting doses. They suggest a ratio for comparing the analgesia of one drug to another.
- The longer the patient has been receiving opioids, the more conservative the starting doses of a new opioid.
- This chart is helpful when switching from one drug to another or from one route of administration to another.
- This chart is a guideline. Doses and intervals between doses are titrated to individual’s response.
- Equianalgesic means approximately the same pain relief.
- Dose based on Hydrocodone.

Adult Recommended Dosing Information

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosages</th>
<th>Maximum Daily Dosage</th>
</tr>
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<tbody>
<tr>
<td>Aspirin</td>
<td>300–900 mg, q 4–6 hrs, PO</td>
<td>4 g</td>
</tr>
<tr>
<td>Acetaminophen</td>
<td>300 mg (1 g), q 4–6 hrs, PO</td>
<td>4 g (For Hepatic Insufficiency: 2 g)</td>
</tr>
<tr>
<td>Butprofen</td>
<td>400–800 mg, q 6–8 hrs, PO</td>
<td>2.2 g</td>
</tr>
<tr>
<td>Naproxen sodium</td>
<td>250–500 mg, q 12 hrs, PO</td>
<td>1.5 g</td>
</tr>
<tr>
<td>Celecoxib</td>
<td>200 mg daily or 100 mg, BID, PO</td>
<td>200 mg</td>
</tr>
<tr>
<td>Acetaminophine with oxycodone</td>
<td>1–2 tabs q 4–6 hrs, PO (300 mg acetaminophen/10 mg codeine in Tylenol)</td>
<td>12 tablets</td>
</tr>
<tr>
<td>Morphine</td>
<td>5–15 mg q 4–6 hrs, IV/IM/SC</td>
<td>40 mg (oral)</td>
</tr>
<tr>
<td>Morphine</td>
<td>5–15 mg q 4–6 hrs, IV/IM/SC</td>
<td>30 mg (oral)</td>
</tr>
<tr>
<td>Hydromorphone</td>
<td>1–4 mg, q 4–6 hrs, IV/IM/SC</td>
<td>4 mg (oral)</td>
</tr>
<tr>
<td>Methadone</td>
<td>5–20 mg, q 8–12 hrs, IV/IM/DSC</td>
<td>20 mg (oral)</td>
</tr>
<tr>
<td>Oxycodone with acetaminophen</td>
<td>1–2 capsules q 4–6 hrs, PO (5 mg Oxycodone/650 mg acetaminophen)</td>
<td>8 capsules</td>
</tr>
</tbody>
</table>

**Notes:**

- Opioid may be titrated more aggressively if patient's history indicates need.
- Steroid use may affect responsiveness.
- Parenteral opioid may be titrated at 1 mg/hr or 0.1 mg/kg/hr.
- Oral opioid may be titrated at 1 mg q 4 hrs or 0.1 mg/kg q 4 hrs.
- IV opioid may be titrated at 0.1 mg/kg/hr or 3 mg/hr max.
- Opioid doses should be titrated to an analgesia of at least 30–60% of the patient's baseline pain before increasing.
- Repeated doses of a shorter-acting opioid may result in a prolonged half-life.
- Consultation with the patient's physician is recommended.
- Contraindicated for patients with a history of opioid abuse or dependence.
- Use with caution in patients with a history of allergic reactions to codeine.
- Use with caution in patients with a history of liver disease.
- Use with caution in patients with a history of renal disease.