BLANK CHILDREN'S HOSPITAL

MANAGEMENT OF PEDIATRIC PAIN/ANXIOLYSIS FOR OUTPATIENTS

Nobody likes pain! Here are some tricks to help with painful procedures for your child/your patients.

1. CALM YOURSELF

- Take a deep breath, smile, relax your shoulders. Caregivers being calm helps their child be calm and more comfortable.

2. MAKE A PLAN

- Preparing your child ahead of time and giving them choices helps kids feel more in control. Create a plan for strategies they want to use (examples can be found at **uph.link.MegFoundation**).

3. NUMBING MEDICINE/VIBRATION/COLD

- Putting numbing cream (EMLA, LET, LMX) or using pressurized gas (J-tip) to place numbing medicine in the skin without a poke both help minimize needle pain in kids. Using cold, vibration (like the Buzzy), or rubbing the skin can also help.

4. COMFORT POSITIONING

- There are various ways to hold your child to help them feel more comfortable, calm them, and make them feel safe. These include: Side Sit, Tummy to Tummy Sit, Back to Tummy Sit, and Back to Tummy Table Sit.






5. DISTRACTION

- Toys, videos and activities children like often help them to minimize pain by taking advantage of their natural ability to get deeply absorbed in things that are more fun. Have them choose an activity they enjoy. Think about what has worked well in the past. Sometimes fidgets, stress balls or Playdoh help with keeping hands busy.

6. BELLY BREATHING

- Having your child take deep, easy, slow breaths in and out helps calm them and reduces the body's reaction to pain. Blowing bubbles or spinning a pinwheel can help distract and encourage slow, even, deep breaths.

7. PROCEDURAL PREPARATION

- Some children like to know ahead of time what tools will be used, how things will go or what is planned. If this is your child, have someone (the provider, nurse or Child Life Specialist) show them the supplies, describe the procedure and answer their questions.
- Other children become more anxious the more they know. There are devices that can help so that your child does not see what is occurring if seeing/knowing what is happening causes them distress.

8. MEDICATIONS FOR PAIN/ANXIETY

- Discuss with your provider a plan to help your child. There are medications that are available administered in various forms (by mouth, nose, or rectally) to help with pain and anxiousness. These can be administered ahead of time.

Blank Children's Hospital
UnityPoint Health

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PHARMACOLOGIC MANAGEMENT OF PEDIATRIC PAIN/ANXIETY FOR OUTPATIENT PROVIDERS

1. PAIN

- **Tylenol** 15 mg/kg oral or 20 mg/kg rectal prior to the procedure
- **Ibuprofen** 10 mg/kg oral prior to the procedure
- **Sweet-eze/sucrose** for infants during procedure
- **Fentanyl** 1-2 mcg/kg intranasal for severe pain. Use the 50 mg/ml concentration, administer with an atomizer. Max dose 100 mcg

2. ANXIOLYSIS (MINIMAL SEDATION)

- Consider an extra dose of the patient's regular medication prior to the procedure
- **Hydroxyzine**
  - 0.5 mg/kg orally, maximum dose 50 mg
  - 0.1 mg/kg intramuscular, maximum dose 50-100 mg. An IM injection may lead to additional procedural anxiety, so take this into consideration before recommending/administering
- **Midazolam**
  - 0.25-0.5 mg/kg oral. Maximum dose 10 mg
  - 0.2-0.4 mg/kg intranasal. Utilize the 10 mg/2 mL concentration and administer with an atomizer. Maximum dose 10 mg
  - 0.3-0.5 mg/kg rectal. May administer the IV formulation rectally using the tubing from a butterfly or may utilize rectal Diastat gel (as utilized for seizures). Maximum dose 20 mg (10 mg may be effective in many patients)
- **Lorazepam**
  - 0.02-0.1 mg/kg oral, maximum dose 2 mg (although some adult-sized teens may require 4 mg). The tablets are a great option for older kids.
  - Most outpatient pharmacies are unable to dispense a single dose of the liquid formulation, however, can crush the pill and dissolve in a small amount of liquid and administer.
- **Clonazepam**
  - Longer acting than Midazolam and Lorazepam
  - Off-label use
  - Available as an oral-dissolving tablet (ODT)
  - Available strengths (ODT): 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg
  - 0.125 mg ODT for children <25 kg (would not recommend below age~6)
  - 0.25 mg ODT for children >25 kg
  - Check to see if ODT is covered by patient's insurance as some do not.
- **Clonidine**
  - Off-label use.
  - Administer 1-1.5 mcg/kg/dose. Many pharmacies will compound a 10mcg/ml suspension. For tablets, are available as 0.1 mg (can split if needed). May need 0.2 mg for older/bigger kids.
- **Trazodone**
  - Ages 6 and above
  - 50-100 mg oral
- **Seroquel**
  - Ages 6 and above
  - 50-150 mg oral

Sources:

- The Meg Foundation for Pain (https://www.megfoundationforpain.org)
- Drugs.com
- Lexicomp Pediatric and Neonatal Dosage Handbook
- Tsze DS, Woodward HA, McLaren SH, et al. Optimal Dose of Intranasal Midazolam for Procedural Sedation in Children: A Randomized Clinical Trial. JAMA Pediatr. Published online 2025.

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