

Treatment of Adverse Effects

Saroyan J, Schechter W, Tresgallo M, Pica A, Erlich M, et al. Balancing Knowledge Among Resident Specialties: Lecture-based Training and the OUCH Card to Tread Children's Pain. *J Grad Med Educ.* 2010;2(1):73-80.

Pruritus

First line treatment	Dose	Route	Interval	Comment
Diphenhydramine (<i>Benadryl</i>)	0.5 mg/kg/dose	PO/IV	q6h prn	max of 25 mg
OR				
Hydroxyzine (<i>Atarax</i> or <i>Vistaril</i>)	0.5 mg/kg/dose	PO/IV	q6h prn	max of 25 mg
Second line treatment: (<i>BUT first line for epidural or IV fentanyl</i>)				
Nalbuphine (<i>Nubain</i>)	0.1 mg/kg/dose	IVSS	q6h prn	max of 5 mg, run slowly over 20 minutes

Nausea *What was the date of their last bowel movement?*

First line treatment	Dose	Route	Interval	Comment
Ondansetron (<i>Zofran</i>)	0.15 mg/kg	IV/SL/PO	q8h	max 8 mg/dose 32 mg/day
Second line treatment				
Metoclopramide (<i>Reglan</i>)	0.1-0.15 mg/kg	IV/PO	q6h	max 10 mg, caution re: extrapyramidal signs

Constipation

Age (years)	Drug	Initial Dose	Route	Interval	Comment
3-6	Docosate (<i>Colace</i>)	25 mg	PO	BID	Hold for loose stools
	+Senna liquid (<i>Sennokot</i>)	2.5 ml	PO	BID	
7-12	Docosate (<i>Colace</i>)	50 mg	PO	BID	Hold for loose stools
	+Senna liquid (<i>Sennokot</i>)	5 ml	PO	BID	
≥13	Docosate (<i>Colace</i>)	100 mg	PO	BID	Hold for loose stools
	Senna tab (<i>Sennokot</i>)	1 tab	PO	BID	

For patient on PCA with pain

Evaluate for a change in medical or surgical condition

Review PCA order

Is patient using demand button?

Are nursing boluses being given?

Has incremental increase for inadequate relief been utilized?

Consider adding acetaminophen or ketorolac (if not contraindicated)

If no relief, call Pediatric Pain Service. Do not add additional oral or parenteral opioids.

For ALL pediatric pain management consults

Know: age, diagnosis(es), wt, pain score, current meds, attending MD

For sickle cell patient vaso-occlusive crisis, ALSO:

Know: home pain meds, pain meds given since admission, SpO2 sat, oxygen requirement, BUN/CR

For consultation for wean, ALSO:

Know: procedure, date extubated, duration of sedation, total daily dose of each sedative in past 72 hrs, current sedative regimen, presence of withdrawal signs and symptoms (irritability, autonomic dysfunction)

DO NOT page OUCH for:

Intubated patient in pain

An anesthesia consult or sedation for a procedure/radiologic study

(Call X-XXXX, and ask for the attending running the floor)

Disclaimer concerning medical information

Health care providers should exercise their own independent clinical judgment.

Accordingly, the official prescribing information should be consulted before any product is used.