1.0 POLICY STATEMENT

1.1 This policy defined opioid infusions, patient controlled analgesia, epidural infusions containing opioids, and intermittent IV opioids. The following statements apply to ALL pediatric patients who are receiving opioid infusions for nonprocedural purposes.

2.0 POLICY

2.1 Respiratory rate and sedation score will be assessed and documented every 1 hour using the Pediatric Vital Sign Record.

**Pediatric Sedation Score**

0 = None
1 = Mild
2 = Moderate
3 = Severe
4 = Sleep

Awake and alert
Occasionally drowsy, easy to rouse
Frequently drowsy, easy to rouse, drifts off to sleep during conversation
Somnolent, difficult to rouse
Normal sleep

2.2 The Pediatric Pain flowsheet will be used for comprehensive documentation every two hours when awake and every four hours during sleep periods. Pain intensity will be assessed using one of the following pain assessment tools such as the Faces Scale®, FLACC Scale®, Numeric Scale, Visual Analogue Scale, or the N-PASS®.

2.3 If a non-intubated patient receives an intermittent parenteral opioid dose, the respiratory rate and sedation score shall be assessed and documented every 15 minutes x 3 after initiation of the dose. If the patient’s vital signs are stable, the respiratory rate and sedation score can then be monitored every 1 hour for 4 hours.

2.4 A physician or nurse practitioner must be notified if the respiratory rate is:

- Less than 20 per minute for infant under 6 months of age
- Less than 16 per minute for infant 6 months to 2 years
- Less than 14 per minute for ages 2 – 10 years
- Less than 12 per minute for ages greater than 10 years
- If the patient has a sedation score of 2 or greater

Notify the respiratory therapist as well if the child is suffering from severe respiratory depression.
2.5 Additional monitoring for patients on Patient Controlled Analgesia will be monitored according to Patient Care Policy 15.9 – Patient Controlled Analgesia in Adults and Children. Pediatric patients on Patient Controlled Analgesia will have a minimum of hourly sedation scores and respiratory rate as well as oximetry monitoring every four hours.
3.0 REFERENCES


Benchmarking:
- Alberta Children’s Hospital – Calgary, Alberta
- British Columbia Children’s Hospital – Vancouver, British Columbia
- McMaster Children’s Hospital – Hamilton, Ontario
- Regina Qu’Appelle Health Region – Regina, Saskatchewan
- Sick Kid’s – Toronto, Ontario
- Sydney Children’s Hospital – Sydney, Australia