

# Best Practices for Pediatric Postoperative Pain Management

## Throughout Perioperative Pathway

- Ensure all messaging about pain management and medication use, risks, storage, and disposal is consistent (e.g. verbal/written instructions from preoperative evaluation to postoperative follow-up).
- Coordinate transitions between all clinicians to establish shared expectations for post-operative recovery and pain management needs.

## Preoperative Counseling

- Discuss expectations regarding recovery and pain management goals with the patient and family in an age-appropriate manner.
- Do NOT routinely provide opioid prescriptions intended for postoperative use prior to surgery date.

## Intraoperative Considerations

- Consider nerve block, local anesthetic catheter, or an epidural, when appropriate.
- Consider non-opioid medications (e.g. ketorolac, acetaminophen) for pre-medication before arrival in post-anesthesia care unit, unless contraindicated.

## Postoperative Considerations

- Consider non-pharmacologic techniques to address pain and anxiety, including distractions and inviting parents to bedside as soon as safe to do so.
- Consider non-opioid medications if not administered pre- or intraoperatively, when appropriate.
- If opioids are deemed appropriate therapy, oral is preferred over IV route.

## Discharge from Surgical Department Considerations

- Encourage non-opioid therapies as a primary treatment for pain management (e.g. acetaminophen, ibuprofen) and include dosing of over-the-counter medications.
- Encourage non-pharmacologic therapies (e.g. ice, heat packs, physical therapy, distractions).

## If Discharging with an Opioid Prescription

- Assess the patient's opioid-related risk factors including current medications (e.g. prior opioid prescriptions, sleep aids, benzodiazepines), high-risk behaviors or diagnoses (e.g. substance use disorder, depression, anxiety, chronic pain), and whether there are opioid medications in the home. Modify treatment plan accordingly.
- The prescription drug monitoring program (PDMP) must be accessed prior to prescribing controlled substances schedules 2-5 when exceeding a 3-day supply, in compliance with Michigan law. Prescribing limits based on patient age and clinical indication may also exist.
- Do NOT prescribe codeine or tramadol to children due to variable metabolism and risk of overdose.
- Do NOT prescribe fentanyl or long-acting opioids (e.g. methadone, OxyContin) to opioid-naïve patients.
- AVOID prescribing opioids that contain acetaminophen (e.g. Norco, Vicodin, Percocet) to minimize risk of acetaminophen overdose.
- AVOID prescribing opioids with other sedative medications (e.g., benzodiazepines). If concurrent prescribing is necessary (e.g. to treat postoperative muscle spasms), educate the patient and family about the increased risks of sedation and respiratory depression.

- Educate patient and family regarding:
  - Safe use, storage, and disposal of opioids.
  - Tapering of opioids as surgical pain resolves.
  - Potential side effects of opioid medications including sedation, respiratory depression, dependence, and withdrawal if used for 7 or more days.
  - Risks of dependence, addiction, overdose, and diversion.
- Use language that respects individuals with substance use disorder to mitigate stigma.
- Coordinate postoperative care transitions with primary care providers for patients with elevated risk. Refer patient to a specialist for treatment of substance use disorder or chronic pain, if appropriate.