

ER docs can treat pediatric pain without a needle

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Children in emergency departments can safely be treated for pain from limb injuries using intranasal ketamine, a drug more typically used for sedation, according to the results of the first randomized, controlled trial comparing intranasal analgesics in children in the emergency department. The study was published online last month in *Annals of Emergency Medicine* ("The PICHFORK (Pain in Children Fentanyl OR Ketamine) Trial: A Randomized Controlled Trial Comparing Intranasal Ketamine and Fentanyl for the Relief of Moderate to Severe Pain in Children with Limb Injuries").

"This is great news for emergency physicians and their young patients, especially those who may not tolerate other intranasal pain medications such as fentanyl," said lead study author Professor Andis Graudins, MD, of Monash University in Clayton, Victoria, Australia. "For children in pain and distress, the option of treating their pain without a needle is a huge benefit as well. The intranasal option using fentanyl is accepted already for children, but the safe use of [ketamine](#) is new."

Researchers compared [pain relief](#) resulting from ketamine and fentanyl, both delivered intranasally, for children 3 to 13 years old whose pain from isolated limb injuries registered seven or higher on a 10 point scale. Median baseline pain rating was eight out of ten. After 30 minutes, the median reductions in pain for ketamine were 4.45 and for fentanyl were 4.0. The pain reduction was maintained in both groups at 60 minutes. Satisfaction for ketamine was slightly higher at 83 percent. Fentanyl had a 72 percent satisfaction rating.

Adverse events were reported more frequently for ketamine (78 percent of patient) than for fentanyl (40 percent of patients), but they were all mild (dizziness or drowsiness were common).

"Ketamine is a great alternative for injured children in the ER who may not be able to tolerate opiates,

like [fentanyl](#)," said Prof. Graudins. "And being able to deliver pain-relief with minimal upset, such as that triggered in some children by even the sight of needles, is a great boon to our youngest patients."

Provided by American College of Emergency Physicians

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