

# Pain management for children

Note that this instruction for pain management only applies to children who do not have any other diseases, are 3 years or older and have a normal weight for their age.

In order for the period following the operation to be as good as possible, it is important to give pain-relieving medication. Your child will eat and sleep better and experience less pain, which will accelerate the healing. Therefore it is important to give the child the medication even if he/she does not have pain on the first day.

A number of children experience the most pain in the evening, while others think that nights or early mornings are worst. It is normal after tonsillectomy for the intensity of the pain to increase 3-5 days after surgery and then decrease. This is most common when the whole tonsils are removed (tonsillectomy).

Increased pain is normal as long as there is no simultaneous fever and inability to swallow (primarily drinking).

Pain-relieving medications have the best effect when they are administered REGULARLY THROUGHOUT THE DAY. Then the child will not experience that much pain before the next dosage. Explain for your child that the pain will not last forever, but will decrease gradually and eventually stop. Also explain the importance of pain medication and how it helps.

Follow the pain relief recommendations that you were given at the hospital. A combination of medicines that work in different ways is best. Make sure you are compliant when it comes to the type of medicine, the dosage, and the time of administration, to keep a steady level of pain relief and to avoid "peaks of pain". This applies even if your child does not seem to be in pain, or experience pain, at the moment. Wake the child up to give pain relief during the night, even though it may seem better not to disturb their sleep. Children and young people usually fall back to sleep quickly. This prevents flare-ups of pain that may disturb sleep and may be difficult to deal with on the following day. Regular pain relief also means that smaller amounts of medicines need to be given overall, which cuts the risks of side effects. Give the medication 30-60 minutes before meals so that the child will be able to swallow the food easier. To avoid too severe pain, do not allow more than 6 hours to pass between medication doses. In addition to the medication, it is important that the child receives extra attention that distracts them from the pain in the throat (play games, read, watch TV together with an adult etc.). Cold drinks or ice cream can also relieve the pain.

## Pain Assessment

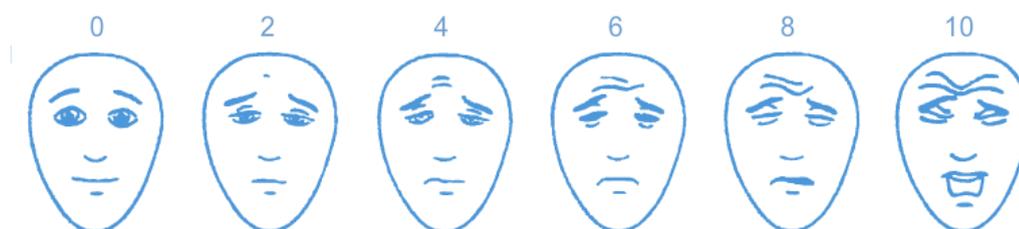
After an operation it is important to regularly assess whether your child seems in pain. As a rule, your child's behavior will change if he/she is in pain and children can sometimes find it difficult to express that they are in pain. Pain is not always expressed with words, screaming or crying. There are different pain estimation scales that can facilitate evaluation of a child's pain. Children might not admit to pain because they don't like taking medicine, which they may perceive as "bitter" and "a lot of medicine" to take several times per day.

Changed behavior due to pain can manifest itself in the child being whiny, worried/tense or apathetic/inactive. But other behaviors can also occur, such as being hyperactive, crying easily, just wanting to sleep or not wanting to eat and drink. You are the one who knows your child best, so it is important that you are aware of different behavior in your child. It gives you important clues as to whether your child experiences pain. Other factors that can affect and intensify the pain include fear and worry. The younger the child is, the harder it is to understand the connection between cause and effect.

Different pain estimation instruments are one tool for evaluating pain.

Children from the age of 3 can estimate their pain with the help of a face scale (see image). At school age (from approx. 7 years) when the child can understand to grade his/her pain, then the child can use a scale with numbers (see image). At hospital, different pain estimation scales are used, and they can also be good tools to use at home.

When the child estimates his/her pain below “4” on the face scale or the scale with numbers at all occasions during the day, this indicates that you can begin reducing the dose of medicine. Stop the medicine if the child continues estimating below “4” the day after you have reduced the medicine. If your child is affected by pain despite regular intake of recommended doses of medicine, then contact your doctor.



The face scale Faces Pain Scale-Revised (FPS-R) for children from the age of 3 is intended to measure how the child feels, not what their face looks like. Explain to the child that the faces show how painful something can be. The face farthest to the left shows no pain. The faces show more and more pain, the one to the right shows a lot of pain.



Example of numeric verbal scale for children over 7 years of age, grade the pain by choosing a number between “0” (no pain) and “10” (worst pain imaginable).

## Medication, treatment and side effects

**This applies to Sweden. There may be other recommendations in the other Nordic countries.**

Pain-relieving medications have the best effect when they are taken regularly throughout the day. Basic pain relief after a tonsil operation for otherwise healthy children are anti-inflammatory medications (Cox-inhibitors/NSAID e.g. Ipren, Diclofenac, Voltaren), which are to be taken together with medications that contain Paracetamol (e.g. Panodil, Alvedon).

These medications are sold over the counter, and do not need a prescription at the pharmacy. How long the child needs to take pain-relievers depends on what type of tonsil operation was carried out. Make sure you buy the general pain medication before the surgery so that you have it at home when you get back from the hospital. If your child may need to supplement the medication with a prescription medication, then you will be given this at the time of the operation. Recommended doses of medications are calculated for otherwise healthy children who can drink sufficient amounts of fluid. It is important to both eat and drink in the days after the operation in order to have a sufficient nutritional intake. If you have major difficulties getting your child to drink, then contact your doctor.

If your child does not want to take the medicine, then try another form of the medication. Most of the recommended medications are available as tablets, liquids, suppositories, orally soluble tablets or fizzy tablets. The pharmacy can help you to get the correct dose if you swap medicinal forms. When you leave the hospital, you will receive clear information about pain relief from the ward. If you go home on the day of the surgery, then find out how much medication your child has already received after the operation so you know how much medication to give him/her for the rest of the first day.

## Treatment period/Frequency

How long your child needs to take pain-relieving medication depends on what type of tonsil operation has been carried out. When the whole tonsil is removed (tonsillectomy), pain-relieving medication is often needed over a longer period of about 8 days, sometimes longer. If only parts of the tonsil have been removed (tonsillotomy) pain-relieving medication is commonly needed for about 5 days.

## Phasing-out of medication/Tapering off medication

It is IMPORTANT that all children receive the recommended dose of pain-relieving medication the first days. When you and your child feel that he/she begins experiencing less pain, it is recommended that you stop taking paracetamol first. Continue to regularly give COX inhibitors/NSAID. Then as the pain intensity decreases, go over to giving COX inhibitors/NSAID only as needed. Read more under the heading **Pain assessment**.

## Inflammation inhibiting medications

COX inhibitors (NSAID/Non-steroidal anti-inflammatory drugs) both provide fast pain relief and inhibit inflammation. The pain-relieving effect is achieved within approx. 30 minutes of taking a tablet or oral solution. The recommended medication is Ibuprofen (e.g. Ipren, Brufen) OR Diclofenac (e.g. Diclofenac, Voltaren). Note that ONLY ONE OF THE recommended anti-inflammatory drugs should be used. Ibuprofen is available prescription-free in the following forms: tablet, mixture/liquid and suppositories. Diclofenac is available prescription-free in tablet form.

## Side effects/risks

COX inhibitors can be given to most children, even those that have asthma, but it is VERY IMPORTANT that the first dose has already been given and has been evaluated at the hospital. If your child has asthma you should consult the doctor as to whether the child should take this medicine. The medicine must not be used if the child is allergic to acetylsalicylic acid

or other COX inhibitors/NSAIDs, or if the child has an unusually easy tendency to bleed. The risk for side-effects increases with increasing doses. For all bleeding in the throat contact a health care professional IMMEDIATELY.

## Dose

mg/kg = milligram per kilo of body weight of the child

- Ibuprofen days 1-8 = 5-7 mg/kg, the dose should be administered 4 times per day, every seventh hour (not more often)  
(If your child weighs 61 kg or more then the max. dose is 400 mg x 4/day)

OR

- Diclofenac days 1-8 = 1-1.5 mg/kg, the dose shall be administered 3 times per day, every eighth hour (not more often)  
(If your child weighs 33 kg or more then the max. dose is 50 mg x 3/day)

Read more under the headings **Treatment period** and **Phasing-out of medication**.

## Paracetamol

Paracetamol (e.g. Alvedon, Panodil) reduces pain and fever but has no inflammation-inhibiting effect. The pain-relieving effect of the tablet or oral solution (taken via the mouth) is achieved within half an hour to one hour. For suppositories, it takes between two and three hours until the full effect is achieved. On the day of the operation and for 2 days following the tonsil operation (days 1-3), a higher dose of paracetamol is recommended. On day 4, it is important that the dose of paracetamol is reduced.

## Side effects/risks/risker

It is very important to follow the dose recommendations. At too high a dose over a longer period of time there is the risk of severe liver damage.

## Dose

mg/kg = milligram per kilo of body weight of the child

- Paracetamol days 1-3 (day 1 is the day of the operation) = 24 mg/kg, the dose shall be administered 4 times per day, every seventh hour (not more often)  
(If your child weighs 40-59 kg, then the max. dose is 1000 mg x 4/day. If your child weighs over 60 kg, then the max. dose is 1250 mg x 4/day)
- Paracetamol days 4-8 = 18 mg/kg, the dose should be administered 4 times per day, every seventh hour (not more often)  
(If your child weighs 50 kg or more, then the max. dose is 1000 mg x 4/day.)

**IMPORTANT: Children that undergo a tonsil operation must never use paracetamol combined with CODEINE (e.g. Citodon, Panocod), because codeine increases the risk of respiratory problems.**

**Read more under the headings Treatment period and Tapering off the medication.**