Chronic Pain

Is Pain Local or Diffuse?

Local — **Diffuse**

Local

Rule out injury, infection, malignancy (consider CBCd, ESR, CRP, CMP, imaging, culture of skin lesions if any)

If no concerns for the above

Is there joint swelling?

→ Refer to Juvenile Idiopathic Arthritis pathway

Is there numbness, tingling, loss of function

→ Consider neurology referral

Is the pain localized to calves, at night, intermittent and patient is well during the day and exam is normal?

→ Likely growing pains, continue supportive care

Is the pain out of proportion to exam? Are there color changes? Temperature changes? +\- remote history of injury/ surgery or life stressor

→ Possible Complex Regional Pain Syndrome, refer to pain service

Diffuse

Other history questions:
- Timing of pain
- Exacerbating and relieving factors
- Mood changes
- Associated fatigue
- Any joint swelling?
- Weakness?
- Family history fibromyalgia

If red flag symptoms occur, send to ED: Fever, weight loss, night sweat, non-ambulatory, suicidal ideation

If exam has:
- Joint swelling
- Rashes
- weakness
- Hair loss
- Lymphadenopathy

→ May be concerning for arthritis, lupus, dermatomyositis, CBC w/diff, ESR, CRP, CMP, UA, urine protein:creatinine, TFTs, Vitamin D, CK Refer to rheum or refer to associated clinical pathway

If exam has:
- Pain out of proportion to exam
- Loss of motor function that isn't clearly explained by exam/doesn't fit clear neurologic distribution
- Distractible pain/distractible loss of function

→ Concerning for Amplified Pain Syndrome. Refer to Pain clinic, PT/OT, and psychotherapy

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