

Let's talk about pain management

Definition

An unpleasant sensory and emotional experience associated with actual or potential tissue damage.

Pain is always subjective and multifactorial involving both physical and psychological processes.

Objective

To reduce the pain perceived by the patient to a tolerable level without causing serious side effects.

A drop in ≥ 2 points on the pain scale in patients experiencing severe pain is clinically significant.

Initial and subsequent pain scores must be recorded to determine analgesia effectiveness.

Multimodal Analgesia

Evidence suggests that concurrent use of multiple pain relieving strategies, including pharmacological and non-pharmacological interventions, provides superior pain relief when compared to any single approach to pain management alone.

Pharmacological intervention

Medications form just one component of an effective analgesia regime and should, in conjunction with non-pharmacological approaches as well as each other, be used in a multimodal approach encompassing both opioid and non-opioid analgesics.



Aspirin 300mg



Glyceryl Trinitrate



Paracetamol 500mg



Methoxyflurane 3mL



Fentanyl 450mcg/1.5mL



Fentanyl 100mcg/2mL



Ketamine 200mg/2mL



Pain scores:

0	Nil	5-7	Moderate
1-4	Mild	8-10	Severe



Cardiac



Medical



Trauma

Non-pharmacological intervention



Communication

An under-utilised strategy in pain management.

Confidence, professional demeanour and compassion will assist in limiting the patients suffering.

Empathy

- Acknowledge and validate pain.
- Alleviate concerns and explain process.

Reassurance

- Confidence in care-giver and expectation of effectiveness reduces patient suffering.
- Reduces psychophysiological reactions.

Distraction

- Distract patients with conversation.
- Particularly effective and necessary for paediatric patients.
- Provide alternative focus for patient to concentrate on.
- Useful in protracted extrications.



Physical intervention

Adequate patient positioning, effective immobilisation, icing sprains/strains & cooling burns not only provides analgesia but also promotes healing and can shorten hospital stay.

Positioning

- Protect ABC first.
- Use gravity to patient advantage.
- Allow patients to find own position of comfort.

Immobilisation & Splinting

- Traction splinting provides particularly effective analgesia.
- Limits excess blood flow to site of injury.
- Limits movement.
- Decreases tissue injury, limits swelling.

Cooling

- Decreases pain stimulus.
- Limits swelling.
- Decreases pain perception.