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CLINICAL EFFECTIVENESS COMMITTEE

GUIDELINE FOR THE MANAGEMENT OF PAIN IN ADULTS

Introduction

- Pain management is one of the most important components in patient care, which is why it is given such a high priority in the BAEM 'Clinical Standards for A&E Departments' [1] and the National Triage Scale [2].
- Pain is commonly under-treated and treatment may be delayed
- Recognition and alleviation of pain should be a priority when the treating ill and injured. This process should start at the triage, be monitored during their time in A&E and finish with ensuring adequate analgesia at, and if appropriate, beyond discharge.
- *The BAEM Clinical Effectiveness Committee standard* of analgesia for moderate & severe pain within 20 minutes of arrival in A&E should be applied in all A&E departments. An audit against these standards should be done annually.
- It is difficult to overemphasise the importance of auditing pain management in order to monitor if the standards are being achieved and change in practice required.
- Training for all staff involved in patient care is essential to ensure quality and timely management.

Pain Assessment

- Pain assessment forms an integral part of the National Triage Scale[1].
- Multiple assessment tools are in use. The better known scales have not been validated in the contest of an A&E environment but are never the less satisfactory for the purpose of pain assessment and management.
- The pain ladder contains objective and subjective descriptions with a numerical scale. BAEM recommends the use of locally developed assessment tools similar to the one attached.
- The experience of the member of staff triaging will help in estimating the severity of the pain.

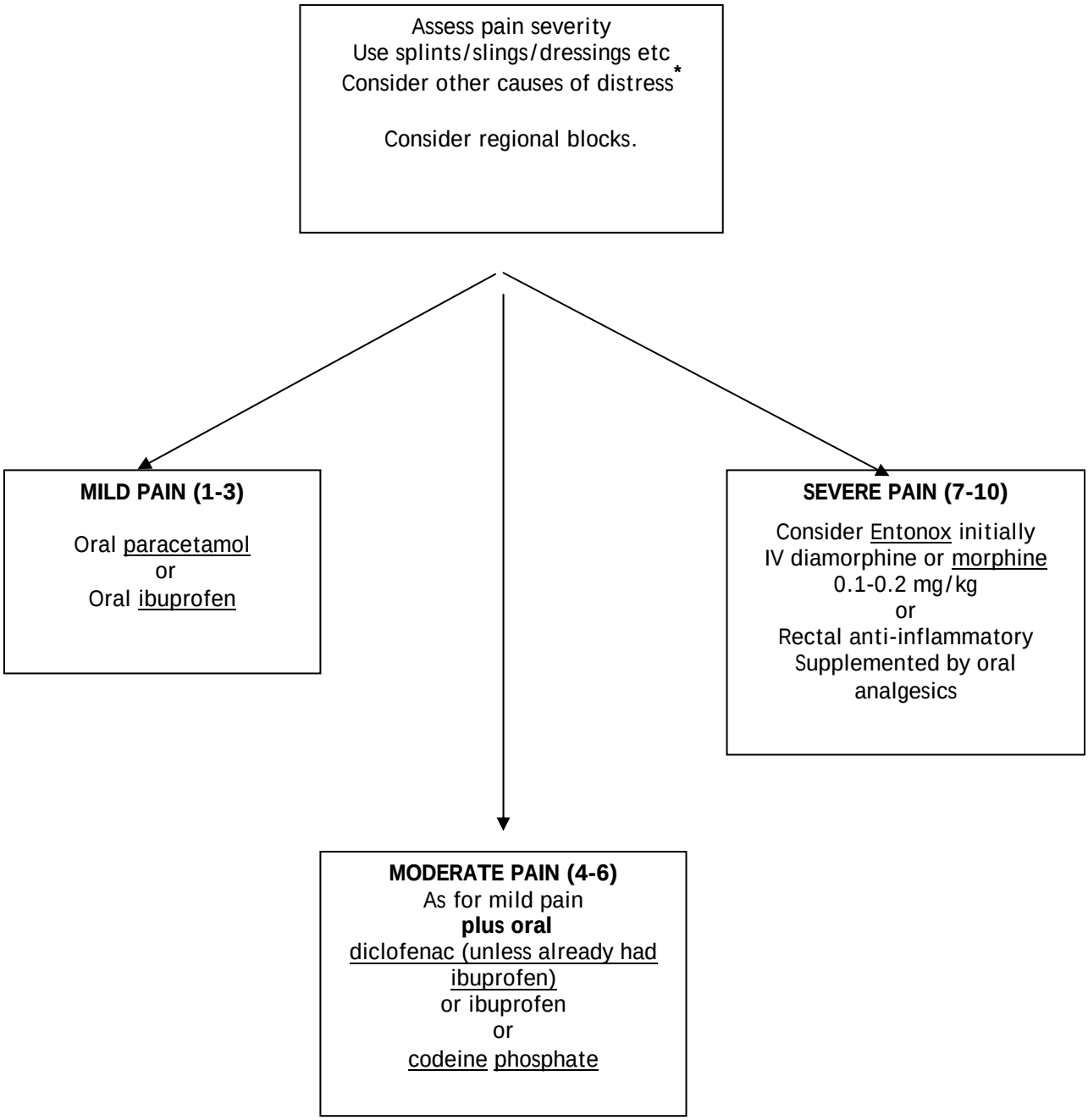
How to Manage Pain

- Patients in severe pain should be transferred to an area where they can receive appropriate intravenous or rectal analgesia within 20 minutes of arrival.
- Patients in severe pain should have the effectiveness of analgesia re-evaluated within 30 minutes of receiving the first dose of analgesia.
- Patients in moderate pain should be offered oral analgesia at triage / assessment.
- Patients with moderate pain should have the effectiveness of analgesia re-evaluated within 60 minutes of the first dose of analgesia.
- Documentation of the above on the A&E card is essential.

References

1. Clinical Effectiveness Committee. January 2002
2. Emergency Triage. BMJ Publishing Group, 1997

Algorithm for treatment of acute pain



*Other causes of distress include: fear of the unfamiliar environment, needle phobia, fear of injury severity etc

CONTRA-INDICATIONS:

Ibuprofen/diclofenac: avoid if previous reactions to NSAID's or in moderate or severe asthmatics
Intravenous morphine: use with caution if risk of depression of airway, breathing or circulation.

Assessment of acute pain in A&E

No Pain	Mild Pain	Moderate Pain	Severe Pain
0	1-3	4-6	7-10
No action	Oral analgesia	Oral analgesia +/- anti-inflammatory medication	I/V opiates or I/M / PR anti-inflammatory medication

Notes for use

- Using this method of pain scoring it should be possible to adequately assess into one of four categories and treat pain appropriately.
- Once the category has been established, appropriate analgesia may be prescribed according to the flow chart.
- In all cases it is important to think of using other non-pharmacological techniques to achieve analgesia, which may include measures such as applying a dressing or immobilising a limb etc.
- Following reassessment if analgesia is still found to be inadequate, stronger / increased dose of analgesics should be used along with the use of non-pharmacological measures.
- It is important to re-assess the pain control within 30 minutes in severe pain and within 60 minutes in moderate pain.

2004

Review: January 2005