



Pain management in Prehospital care

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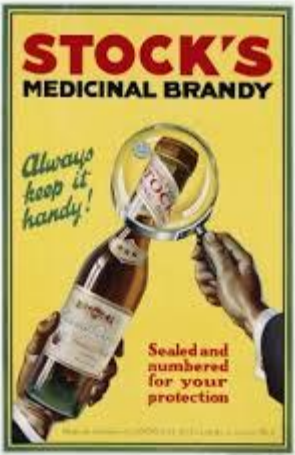
• Should you do it or not ?

If no-why not- what are the concerns ?

If yes- How ? What are the concerns/challenges?

What works better?

How do you ensure good pain management in pre-hosp care?



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Injury

illness

Should you
do it or not

- 70% of Ed pts –chief complaint
- 20% of EMS –mod to severe pain
- JCAHO/NAEMSP

bony

Chest pain

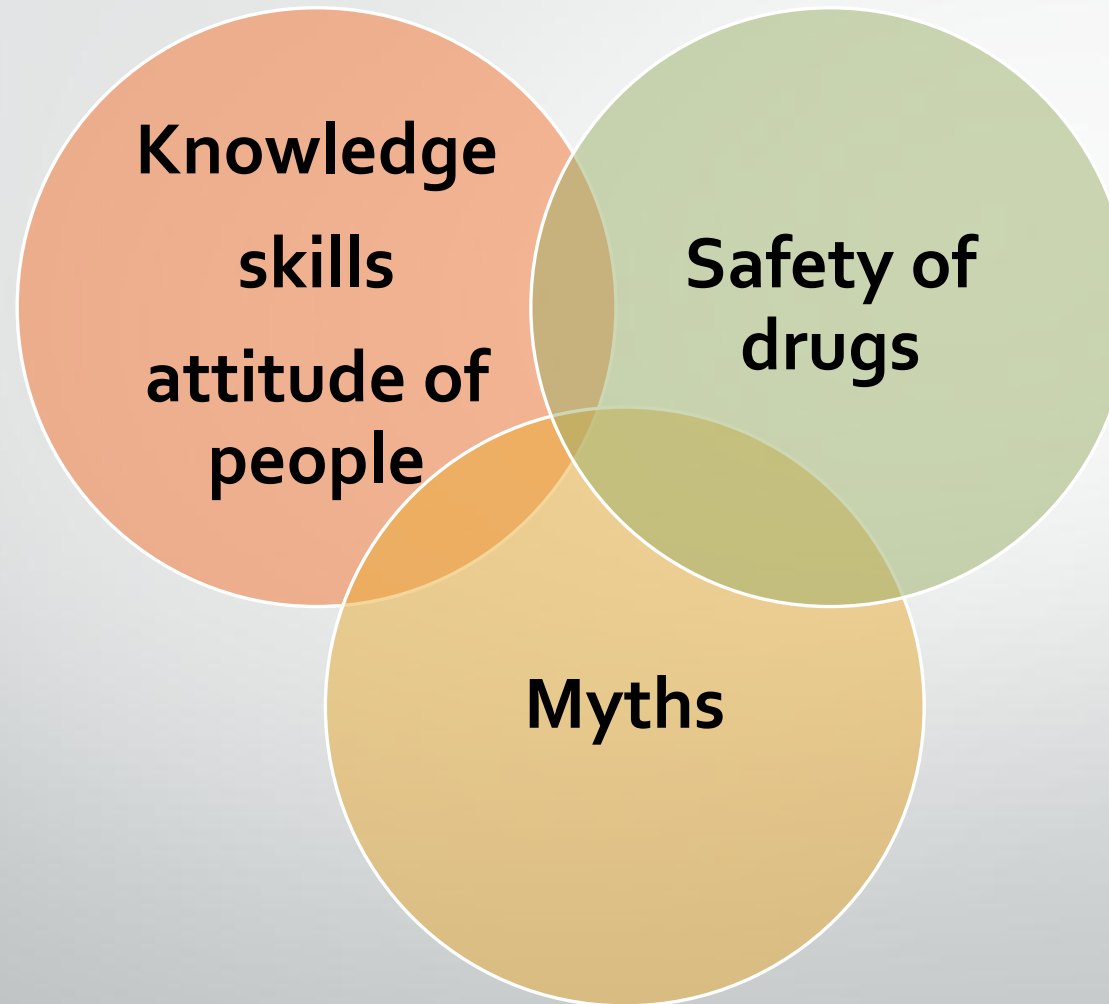
Abdominal
pain

Soft tissue

Back pain



American Pain Society



If no-why not-
what are the
concerns

If yes- How ? What are the concerns/ challenges

Pharmacological	Immobilisation	others
NSAIDS Opiates Others Nerve blocks Inhalation- entonox	splinting	Cognitive Behavioural Physical



NSAIDS

Ketorolac

Diclofenac

OPIATES

morphine

Tramadol

Fentanyl

ketamine

others

Nitrous
oxide

Benzodia-
zepines

Which drug is
better/what works
better

Safety
Efficacy
Ease
Rapid onset
Shorter duration
Reversibility
abuse potential

Assessment

- Assessment-VAS/NRS/ARS, pead scales
- Documentation
- Indications/contraindications
- OLMC

Interventions

- Drugs
- Local & regional Anaesthesia
- Non pharmacological

Monitoring & continued assessment

- Documentation-continued
- Physiological Changes

QI

- Provider practice pattern
- Patient outcomes

How do you ensure good pain management in pre-hospital care

Summary

- Should you do it or not ?
 - YES

If no-why not- what are
the concerns ?
NA

If yes- How ? What are the
concerns/challenges?
Attitude/training/myths

What works better?
Safer/faster/shorter/easier

How do you ensure good
pain management in pre-
hosp care?
**Assessment/interventions/
Monitoring/QI**



Prehospital Analgesia

In the words of Albert Schweitzer, “We must all die. But that I can save a person from days of torture, that is what I feel is my great and ever-new privilege. Pain is a more terrible lord of mankind than even death itself.”

Thank you
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