

STOP!

Pain is the most common presenting complaint to the ED. Often we are poor at recognising and treating pain in a timely and effective manner.⁽¹⁾

THE RCEM STANDARDS⁽²⁾

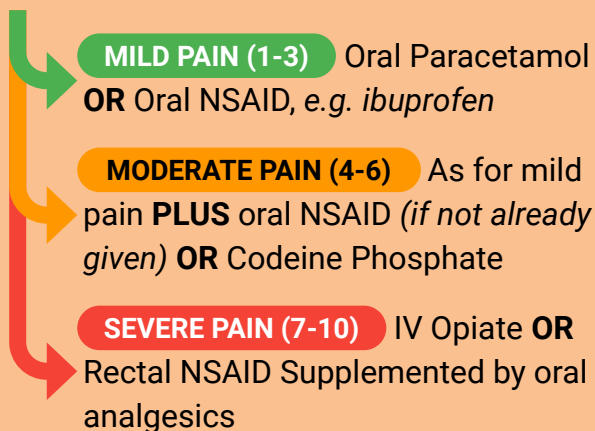
- Give analgesia for **moderate to severe pain** within 20 minutes of arrival in the ED should be applied to patients in all EDs.
- Patients in **severe pain** should have the effectiveness of analgesia re-evaluated within 30 mins of receiving the first dose of analgesia.

If the pain score is out of proportion to your findings, reconsider your diagnosis: **what are you missing?** e.g. *compartment syndrome*

LOOK

Pain assessment starts at triage and all patients should be monitored during their time in the Emergency Dept.

There are multiple pain assessment tools used across different EDs. **Here is an example of how to approach pain severity** (based on a pain score 1-10 and treatment as per WHO pain ladder):



Please consider the use of splints, slings, dressings, and look for other causes of distress, e.g. *patients with learning disabilities or cognitive impairment.*

LEARN

For detailed guidance on prescription of paracetamol, NSAIDs and opiates please refer to pages 6-7 of RCEM's Best Practice guidelines.⁽²⁾

Where possible, avoid NSAIDs in the elderly.⁽¹⁾

REFERENCES

1. **Pain Management in Adults** (RCEM Learning) <http://bit.ly/37RpmqB>
2. **Management of Pain in Adults** (RCEM) <http://bit.ly/2HLwzhC>

THE THREE-STEP ANALGESIC LADDER

