

## **Adult Analgesia**

Acute pain is a common presentation to the Emergency Department. Relief of pain is a priority in all ED patients.

Pain control can be achieved by a number of methods:

- Relief of pain related anxiety by communication with patients
- Splintage of injured limbs
- Pharmacological agents

Pharmacological agents and routes should follow a step wise approach. Check contraindications for each agent prior to use

### **Mild / Moderate pain**

Inhaled Entonox

Oral / PR paracetamol – 1 gram up to 6 hourly (caution weight <50kg)

NSAID – Ibuprofen 200mg or 400mg up to 8 hourly; Diclofenac 50mg oral or 100mg pr

Oral Cocodamol 30/500 – 2 tablets

### **Moderate / Severe pain**

Intravenous opiate is agent of choice. This should be given as titrated iv morphine 0.1mg/kg, up to a maximum of 0.2mg/kg. Higher doses may be given at the discretion of senior medical staff, with appropriate monitoring.

If intravenous route is not available, then consider use of oral, subcutaneous or intramuscular morphine 0.1 – 0.2mg/kg

iv Ketamine 0.5mg/kg is an alternative analgesic that can be used. However Ketamine is also a potent sedative and anaesthetic drug and users must be fully trained to deal with any complications arising from the use of Ketamine (up to an including performing RSI)

Analgesia of injured limbs can also be achieved via use of regional anaesthesia. Users must be appropriately trained in any regional anaesthetic technique that they use.