



CMG 2 - PAIN MANAGEMENT

(Revised: February 2021)

STEPWISE APPROACH TO PAIN MANAGEMENT

Step 1: NON-PHARMACOLOGICAL OPTIONS

e.g. reassurance, posture, splinting, cooling of burns, occlusive dressing, temperature control, gentle handling, etc.

Step 2: INHALATIONAL/ENTERAL MEDICATION mild – moderate pain

e.g. methoxyflurane, GTN (for ischaemic chest pain).
 Provide advice on/assistance with patient's own over-the-counter medications (paracetamol, ibuprofen, etc.)
with caution.

Step 3: PARENTERAL MEDICATION moderate – severe pain

e.g. morphine, fentanyl, ketamine,
 IV paracetamol, (midazolam).

AIM TO CONTROL ALL PAIN TO A COMFORTABLE LEVEL

RELIEF OF PAIN AND SUFFERING IS A PRIME GOAL OF AMBULANCE CARE

ICP	Pain is what the patient says it is. Always offer pain relief to the patient.	AP
ICP	Pain assessment (PQRST) – quantitate if possible (scale and description). Document on case sheet.	AP
ICP	If possible, pharmacology should be directed at the apparent underlying cause of the pain.	AP
ICP	Generally, pain management should be initiated with a single agent (depending on the patient's need, and preference). If ineffective, consider adding a second agent (noting that incremental doses should be smaller when using multiple agents). There is an increased likelihood of side effects with multiple agents – always consider the risks/benefits of using this method.	AP
ICP	Note: midazolam is a useful adjunct in pain management, but does not replace analgesia.	