

## CMG 2 – PAIN MANAGEMENT

(Revised: July 2017)



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