

Pain Management in Trauma Patients

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Introduction

Injury due to road traffic accidents and violent conflict is a significant cause of severe pain. It is mainly acute pain, with varying degrees of intensity and leads to considerable suffering both at the time of injury and later during rehabilitation. Acute Pain is also the most frequent reason for visits to the emergency department.

Management

Pain management is therefore a critical part of trauma care. Untreated or inadequately treated pain intensifies the effect of trauma on haemodynamic instability. It increases the incidence of complications including the chances of developing chronic pain and post-traumatic stress disorders later. Despite an increased understanding of acute pain physiology and the availability of drugs to treat acute pain, pain following trauma is not addressed appropriately around the world, as can be seen by several surveys.

There are multiple reasons for this inadequacy. They include inadequate assessment of severity, excessive concerns with haemodynamic stability and respiration, opiophobia or an unfounded fear of addiction in the use of opioids and a wide variation in what patients and doctors find is optimum pain relief. Having protocols in place and training in the use of these protocols has improved pain management in many emergency departments.

Pain management depends on the general condition of the patient, severity of injury, age of the patient and other compromising issues such as chest trauma and airway compromise. General principles of care remain the same as with any acute pain situation. They are assessment of severity using appropriate tools and formulating an analgesic plan depending on the severity of pain. The use of the analgesic ladder is encouraged with opioids being used for moderate and severe pain and the addition of other multimodal analgesics for opioid sparing. Having protocols in place and regular reassessment is important.

Three problematic and challenging areas will be elaborated: 1) Pre-hospital analgesia 2) Pain management for blunt chest injuries and 3) Analgesia for the elderly who are prone to falls and fractures.