



## **Optimal Pain Management for ED Patients: *Issues in 2004***

**Edward P. Sloan, MD, MPH, FACEP**

**Professor  
Department of Emergency Medicine  
University of Illinois at Chicago College of Medicine  
Chicago, IL**

### **Key Learning Points**

- ED patients frequently present with painful conditions that require aggressive treatment by emergency health care providers.
- Use of ED therapies by Emergency Physicians should be relatively consistent, because of the use of a limited number of therapeutic agents.
- The ACEP board has recently approved a Policy statement developed by the ACEP Clinical Policy Committee, one that includes five statements regarding the management of ED patients who have painful conditions.
- Despite the fact that clinicians have been treating ED patients with acutely painful conditions for many years, many critical questions remain regarding how to optimize the care of these patients and their pain.
- Efficient care of ED patients who present with pain involves both the treatment of the disease that is causing the pain and the pain itself, which is of equal concern to our patients.
- ED patient care can be optimized by improving understanding in the areas of pain epidemiology, therapeutics, clinical practice and policies, ED systems, research, and advocacy.

## **Introduction**

Pain is the most commonly treated patient complaint in the Emergency Department (ED).(1;2) Despite the fact that patient pain is ubiquitous in the ED, the inadequate use of analgesics, or oligoanalgesia, is a problem that is significant and still relevant in 2004.(3;4) The management of pain in hospitals and in the ED has been the focus of recent JCAHO efforts to standardize and optimize patient care. Recent studies have looked at the issue of pain management and documentation of patient pain in the ED. These studies suggest that patients have significant pain requiring treatment, and that the documentation of efforts to alleviate this pain can be enhanced. It is hoped that these efforts will enhance the ED care of patients who present with painful conditions.

This document addresses the issue of ED patient pain as it relates to recent research data and the upcoming publication of the ACEP policy statement regarding the management of these patients. Through the generation of clinically relevant questions, it is hoped that researchers, educators, and practitioners can improve the way in which ED care is provided to patients who are in pain.

## **Clinical Cases**

Clinical cases that describe the management of patients who present to the ED with painful conditions are quite variable. Patients can be described based on specific disease states, demographic variable such as age, the chronicity of the pain, and the way in which patients present. Important specific disease states include renal colic, headache, abdominal pain, sickle cell pain, and the pain associated with fractures or multiple trauma. Pain is especially important at the extremes of age, both in children and in elderly patients, both of whom must be managed carefully with analgesics.

Patients with chronic pain often require acute pain management in the ED for conditions such as radiculopathies, fibromyalgia, low back pain, migraine headache pain, and the chronic pain associated with cancer and its treatment. Especially challenging are patients who present to the ED for the management of painful conditions that have caused a state of dependency on one or more analgesics. In this situation, the ED staff must be careful to address patient pain without further complicating the patients' overall health.

## **ED Practice**

In examining the current practice of Emergency Medicine as it related to patient pain, it is important to consider several questions:

- How much pain do patients perceive when they present to the ED?
- What pain medications are being used by EM practitioners?
- What is the effect of these interventions?
- To where are patients dispositioned following their ED care?

Data from two separate databases will be discussed in today's lecture. The first is data from the NHAMCS database, which includes outpatient data from EDs that are believed to be representative of and generalizable to overall US ED care. Although this dataset contains the demographic, treatment, and diagnosis data for each patient encounter, it is somewhat limited in its scope.

The second dataset includes patient data from six hospitals affiliated with the EM residencies at the Emory University, Resurrection Hospital, the University of Illinois, and Wayne State University. This dataset, which was developed based on 1800 patient encounters for pain related to abdominal pain, fractures, migraine headache, and renal colic, is more extensive in that it contains data abstracted from the full ED medical record.

## **ACEP Policy Statement**

The ACEP Clinical Policy Committee has developed a policy statement that has been approved by the ACEP Board of Directors. In this statement, there is a preamble followed by five statements. The preamble addresses the fact that the majority of ED patients do, indeed, present with painful conditions that are a priority for practicing ED physicians.

The five policy statements suggest the following:

- ED patient pain should be quickly treated without significant delay.
- Hospital should develop unique strategies to address ED patient pain.
- Hospital policies should promote safe analgesic use and prescription writing.
- Effective educational strategies should promote effective ED pain management.
- Ongoing research in the area of ED patient pain is supported.

## **ACEP Clinical Policy**

The next step in the process of improving ED patient care in the area of pain management is to develop a full clinical policy that addresses relevant clinical questions using the support of the medical literature. If clinically useful answers can be provided that promote more consistent clinical practice patterns, it should be possible to improve patient care and enhance patient satisfaction and outcomes.

## **Relevant Clinical Questions**

Relevant clinical questions in several areas exist that could be addressed with an ACEP clinical policy. These areas include pain epidemiology, therapeutics, clinical practice and policies, ED systems, research, and advocacy. Some of these questions include:

- Are there subsets of patients who are greatest risk for oligoanalgesia?
- What are the optimal pain therapeutics that can be used to treat ED patient pain?
- How is ED pain management optimally conducted and documented?
- What clinical policies exist that optimize ED patient pain management?
- Do specific ED systems exist that can be used to improve patient care?
- What ED research opportunities are available for interested ED physicians?
- What groups are active in optimizing the care of ED patients who present in pain?

## **Clinical Case Outcomes**

The outcomes of patients who present in pain relate to the fact these patients have two separate problems. The first is the medical condition that is causing the patient pain. The second is the fact that the patient is feeling pain and wants pain relief. The former is the disease, the latter the state of being ill at ease, or in “dis-ease”. If both of these problems are treated explicitly and aggressively, then patient outcome and satisfaction can be optimized.

Optimizing the care of these patients can be enhanced by developing systems that recognize ED patient pain, prioritize pain relief and minimize delays, reduce variability and complications, and maximize the documentation of the ED pain management efforts and their effect.

## **Conclusions / Impact Assessment**

Patient who are need of pain management present to US Emergency Departments on a regular basis. All Emergency Physicians must strive to optimize the care of these patients through the enhanced, systematic use of analgesics and other pain relief strategies.

By addressing the issue of ED patient pain, it is hoped that:

1. Clinicians will better understand the problem of oligoanalgesia and strive to optimize pain management in patient populations at greatest risk for this problem.
2. Emergency Physicians will become more familiar with ways in which ED patient pain can be optimally treated.
3. Clinicians will read the ACEP Policy statement and use it to promote hospital efforts to systematize effective ED patient pain management strategies.
4. The ACEP Clinical Policy Committee will be able effectively answer some of the relevant questions regarding ED patient pain management in order to improve the care that these patients receive.

## **References**

- (1) Ducharme J. Acute pain and pain control: state of the art. *Ann Emerg Med* 2000; 35(6):592-603.
- (2) Tanabe P, Buschmann M. A prospective study of ED pain management practices and the patient's perspective. *J Emerg Nurs* 1999; 25(3):171-177.
- (3) Todd KH, Samaroo N, Hoffman JR. Ethnicity as a risk factor for inadequate emergency department analgesia. *JAMA* 1993; 269(12):1537-1539.
- (4) Selbst SM, Clark M. Analgesic use in the emergency department. *Ann Emerg Med* 1990; 19(9):1010-1013.

## **Annotated Bibliography**

**1: Eder SC, Sloan EP, Todd K. Documentation of ED patient pain by nurses and physicians. *Am J Emerg Med.* 2003 Jul;21(4):253-7.**

This article addresses the issue of ED patient pain documentation by emergency physicians and nurses. It demonstrates that enhancements can be made in documentation and patient satisfaction with increased attention to patient pain.

**2: Green CR, Anderson KO, Baker TA, Campbell LC, Decker S, Fillingim RB, Kaloukalani DA, Lasch KE, Myers C, Tait RC, Todd KH, Vallerand AH. The unequal burden of pain: confronting racial and ethnic disparities in pain. *Pain Med.* 2003 Sep;4(3):277-94. Review.**

This article gives a recent update on the disparities in the treatment of patient pain based on patient demographics.

**3: Gallagher RM. Physician variability in pain management: are the JCAHO standards enough? *Pain Med.* 2003 Mar;4(1):1-3.**

**4: Curtiss CP. JCAHO: meeting the standards for pain management. *Orthop Nurs.* 2001 Mar-Apr;20(2):27-30, 41.**

**5: JCAHO partners to develop pain management measures. *Jt Comm Perspect.* 2002 Apr;22(4):2, 4.**

These three articles address the recent JCAHO initiatives that strive to enhance the management of patient pain.

**6: <http://www.cdc.gov/nchs/about/major/ahcd/nhamcsds.htm>**

This is the website for the NHAMCS database. The following is provided from that description page:

“The National Hospital Ambulatory Medical Care Survey (NHAMCS) is designed to collect data on the utilization and provision of ambulatory care services in hospital emergency and outpatient departments. Findings are based on a national sample of visits to the emergency departments and outpatient departments of noninstitutional general and short-stay hospitals, exclusive of Federal, military, and Veterans Administration hospitals, located in the 50 States and the District of Columbia. The survey uses a four-stage probability design with samples of geographically defined areas, hospitals within these areas, clinics within hospitals, and patient visits within clinics. Annual data collection began in 1992.

Specially trained interviewers visit the hospitals prior to their participation in the survey to explain survey procedures, verify eligibility, develop a sampling plan, and train hospital staff in data collection procedures. The survey instrument is the Patient Record form, which is provided in two versions, one for use in outpatient departments and another for use in emergency departments. Hospital staff are instructed to complete Patient Record forms for a systematic random sample of patient visits during a randomly assigned 4-week reporting period. Data are obtained on demographic characteristics of patients, expected source(s) of payment, patients' complaints, physicians' diagnoses, diagnostic/screening services, procedures, medication therapy, disposition, types of health care professionals seen, causes of injury where applicable, and certain characteristics of the hospital, such as type of ownership.”

Edward P. Sloan, MD, MPH  
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[edsloan@uic.edu](mailto:edsloan@uic.edu)  
[www.FERNE.org](http://www.FERNE.org)