

Pain Management in the Emergency Department

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Why Optimize Patient Management?

- Ensure that patients who need pain medications get them
 - Minority patients
 - Pediatric patients
- Reduce errors in administration of pain medications
- Prevent inadequate dosing
- Improve proper medication selection
- Increase pain dosing schedules
- Reduce variability in patient care



What can be Undertaken to Improve Patient Pain Treatment?

- Feedback process
- Charting systems
- Treatment guidelines
- Establish criteria for administration of pain medications
- Use of unit dose
- Quality improvement process



How to Automate the Process

- Can feedback loops link pain assessments and treatments
 - At triage
 - During physician evaluation
 - During wait time for tests and consultations
 - At discharge
- Can the feedback loops be automated to appear on the chart at selected times



Charting systems Can Pain Treatment be Automated?

- Need for sophisticated electronic medical record that interface with physician order entry
- Standardize pain assessment
- Begin pain treatment at triage
- If no pain meds after predetermined time, the chart will be flagged
- Means to double check drug dosing
- Repeat treatment times can be noted in the chart



Standardize Pain Assessment

- Numerical rating scale measures pain from 0–10 or 0–100 with endpoints of “no pain” and “worst pain ever”
- Visual analog scale measures pain with a 10cm line with endpoints for “no pain and worst pain ever”
- Categorical pain scale for pain relief or pain intensity using a 4-point scale (no pain to severe pain)



Treatment Guidelines or Pathways

- Guidelines for common pain conditions such as sickle cell, trauma, fractures, chest pain
- Guidelines begin in triage and follow patient through the ED visit
 - Encourage the appropriate use of pain medications
 - Standing orders for nurses to give the pain medication beginning in triage
 - OTC meds or narcotic agents

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Treatment Guidelines or Pathways

- Guidelines for standard dosing
- Use of patient directed narcotic administration (patient controlled anesthesia) in the ED
- Standardize discharge instructions

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Standardize Discharge Instructions

- Use computerized discharge instructions
- Let the patient control or modulate his/her own pain
- Prescribed standardized dosing
- Add adjunct instructions to the treatment plan
- Establish a set of follow-up times depending on the discharge diagnosis

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Establish Criteria to Start Pain Meds Early in Patient Care

- Use pain assessments frequently to determine patient's pain level
- Agreement to treat patients prior to the arrival of consultants or test results
- Need buy-in from the surgical services
- Dispel the myths concerning early pain treatment

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Dispel Myths

- Administration of analgesic in acute abdomen does not change physical exam
LoVeechio, F, Oster, N, Sturman, K, et al: the use of analgesics in patients with acute abdominal pain. J Emerg Med 1997; 15: 775-779.
- 53% of the surveyed surgeons stated pain meds precluded a patient from signing a valid informed consent
Graber, MA, Ely, JW, Clarke, S, Kurtz, AS, Weir, R: Informed consent and general surgeons' attitudes toward the use of pain medication in acute abdomen. Am J Emerg Med 1999;17:115-116.
- Problems with this view
 - Pain treatment does not necessarily cloud sensorium
 - Withholding pain medication could be considered coercion
 - Pain may in itself cloud a patient's judgment

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Use of Unit Dose

- Use of standard dosing in the ED for oral agents and intravenous agents
- Determine preferred agents
- Establish unit dose for such agents as morphine
- Ease of ordering and administration

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Quality Improvement Process

- **Set monitor criteria**
- **Pain is assessed in triage**
- **Pain treatment initiated in triage**
- **Pain treatment must be continued periodically in the treatment area**
- **If no treatment, reason for non-compliance with established protocol needs to be documented.**
- **Discharge instructions and medications must also be documented**

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What Does it Take to Make it Work?

- **Dedication to good patient care**
- **Commitment to excellent customer service**
- **Involve all stakeholders in the improvement process**
- **Determine what can be automated**
- **Implement systems that are user friendly**

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Questions?

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