ED Patient Pain Management: A 2004 Emergency Medicine Perspective

Edward P. Sloan, MD, MPH, FACEP

Professor &
Research Development Director
Department of Emergency Medicine
University of Illinois College of Medicine
Chicago, IL

Edward P. Sloan, MD, MPH, FACEP

Overall Objectives

- Make ED pain Rx more consistent
- Enhance systematic approach
- Improve patient care

- Efficient diagnosis and treatment
- Minimized morbidity and mortality
- Reduced pain severity and duration

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Session Objectives

- Consider ED pain Rx broadly
- Examine current ED practices
- Evaluate ED systems for pain Rx
- Discuss pain research & advocacy
- Review educational opportunities

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Lecture Format

- Key Learning Points
- Emergency Medicine Opportunities

- Provides background for the other lectures provided in this educational session

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Pain Perspectives
The Clinician

- Doctors treat disease
- Having pain = being ill at ease
- Having pain = “dis – ease”
- Obligation to treat this disease
- Opportunity to provide service

Pain Perspectives
The Clinician

- Patient with pain has 2 problems
  - First is the pain itself
  - Second is the concern about the pain
- Both problems must be addressed
- Second may indeed be more important
- Be explicit about both

Key Learning Points

EM Physicians & Patient Pain

- Because the vast majority of patients present to the Emergency Department for management of painful conditions, and because of recent JCAHO initiatives, emergency physicians continue to have a critical role in the overall scope of patient pain management.

Specific Painful Disease States

- Renal colic
- Pain crisis in sickle cell disease
- Headache
- Fractures and multiple trauma
- Abdominal pain

Pediatric & Geriatric Pain

- A 4 yo with an ankle fracture
- A 10 yo with sickle cell pain crisis
- A 13 yo with abdominal pain

- A 78 yo with abdominal pain
- An 87 yo with a hip fracture
- A 67 yo with headache and vomiting

Chronic Pain Syndromes

- Low back pain
- Radiculopathies, neuropathies
- Fibromyalgia, arthritis
- Cancer pain
- Migraine headache

JCAHO
Pain Standards for 2001

- http://jcprdw1.jcaho.org/standard/pm.html
- Effective January 1, 2001

ED Patient Pain Rx

- Emergency physicians utilize a basic set of principles, therapeutic agents, and guidelines in the management of ED patients who require pain management.

ED Pain Therapeutics

- In general, emergency physicians attempt to reduce pain levels through the use of oral acetaminophen, NSAIDs, and combination narcotic preparations, as well as parenteral ketarolac, morphine, and anti-emetics.

Renal Colic Pain: NHAMCS

- NHAMCS 1999-2000, 1% of ED visits
- 65% Male, 77% Caucasian, 42 $\pm$ 15 yo
- 50% Mod-severe pain; 85% Receive a pain Rx
- Ketorolac, hydrocodone, promethazine
- Meperidine, morphine
- Moderate-severe pain
  - 18% greater pain Rx use (91 v 77%)
- Narcotic use
  - 2.2x greater admit with parenteral narcotic (22 v 10%)
  - 3.8x greater anti-emetic use (45 v 12%)

Renal Colic Pain: ED Data

- 2001-2002: 227 pts; Renal colic, stones
- 63% Male, 44 yo, 77% D/C rate
- 86% Mod-severe pain
- 86% Receive a pain Rx; 73% Narcotics on D/C
- Ketorolac, morphine, promethazine
- Hydromorphone, meperidine
- Moderate-severe pain
  - 41% greater pain Rx use (86 v 63%)
  - 2.7x greater narcotic use (59 v 22%)
- Over 65: 23% less pain Rx use (67 v 87%)

Emergency Medicine Practice

- Emergency physicians willingly adopt new practice patterns that utilize methods and therapeutic agents that are proven to be safe and effective, are easily understood, and can be provided to a large number of undifferentiated patient populations, including those who are experiencing pain.

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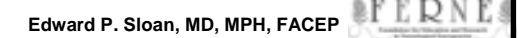
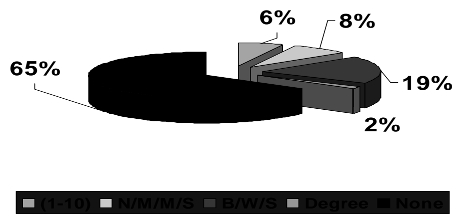
ED Pain Rx Systems

- Pain management in the ED can be enhanced through the development of systematic means of assessing patient pain, rapidly utilizing available therapeutics, and consistently evaluating the effectiveness of the interventions in relieving patient pain.

Edward P. Sloan, MD, MPH, FACEP 

Documentation

Subsequent Pain Assessments



Physicians and nurses do not often record subsequent pain assessments.

Emergency Medicine Opportunities

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EM Physicians & Patient Pain

- Academic emergency physicians and Emergency Medicine organizations should actively explore through quality research the way in which acute pain management can be optimally delivered, including the identification of any disparities that might exist based on ED patient demographics or practice settings.

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ED Patient Pain Rx

- The American College of Emergency Physicians could augment its policy statement on ED pain management through the development of a clinical policy, and academic emergency physicians could educate both residents in training and practicing emergency physicians into the use of these guidelines.

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ACEP Policy Statement

- ACEP Clinical Policy Committee
- ED Patient pain management
- Approved March 17, 2004
- Preamble
- Five statements

ACEP Policy Preamble

- The majority of emergency department (ED) patients require treatment for painful medical conditions or injuries. The American College of Emergency Physicians recognizes the importance of effectively managing ED patients who are experiencing pain and supports the following principles.

ACEP Policy Statement

- ED patients should receive expeditious pain management, avoiding delays such as those related to diagnostic testing or consultation.

ACEP Policy Statement

- Hospitals should develop unique strategies that will optimize ED patient pain management using both narcotic and non-narcotic medications.

ACEP Policy Statement

- ED policies and procedures should support the safe utilization and prescription writing of pain medications in the ED.

ACEP Policy Statement

- Effective physician and patient educational strategies should be developed regarding pain management, including the use of pain therapy adjuncts and how to minimize pain after disposition from the ED.

ACEP Policy Statement

- Ongoing research in the area of ED patient pain management should be conducted.

ED Pain Therapeutics

- Emergency physicians should evaluate the quality of the currently utilized therapeutics and modalities for the management of ED patients who are experiencing pain.

Emergency Medicine Practice

- Emergency physicians should seek out the adoption of new pain therapeutics and modalities so that ED patients who experience pain can be optimally treated.

ED Pain Rx Systems

- Emergency physicians should become uniformly competent at the following aspects of ED patient pain management:

ED Pain Rx Systems

- Providing a rapid initial assessment of patient pain and the conditions that are causing the pain.
- Developing a systematic way in which patient pain can be alleviated prior to and during the provision of necessary diagnostic procedures.

ED Pain Rx Systems

- Having a thorough understanding of the relevant clinical features of therapeutics and modalities that are currently available to treat ED patient pain.
- Being able to learn about new pain therapeutics as they become available.
- Consistently documenting the effectiveness of the therapies that are provided in order to alleviate ED patient pain.

In Conclusion…

- Emergency physicians treat pt pain
- Alleviating pain is a priority
- This need is universal, ongoing

- Develop relevant clinical guidelines
- Educate practitioners, residents based on these evidence-based methods
- Improve ED patient pain management

Questions?

edsloan@uic.edu

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