

ACUTE PAIN MANAGEMENT

Salah N. El-Tallawy

Prof. of Anesthesia and Pain Management

Faculty of Medicine - Minia Univ & NCI - Cairo Univ - Egypt

Assc Prof. KKUH, King Saud Univ., KSA

<http://faculty.ksu.edu.sa/salaheltallawy>

Objectives

- 1. Introduction**
- 2. Classification**
- 3. Assessment of Acute Pain**
- 4. Management of Acute Pain**
- ❖ Summary**

ACUTE PAIN MANAGEMENT

Definition

❖ Pain:

“An unpleasant sensory and/or emotional experience associated with actual or potential tissue damage or expressed in such terms”

(Ready & Edwards, 1992). IASP Press

(2) Classification of Pain

According to the “**Duration**”

- 1. Acute pain**
- 2. Subacute pain**
- 3. Chronic Pain**

Classification of Pain

According to the “Cause”

1. Postoperative pain,
2. Labor pain,
3. Trauma,
4. Sickle cell crisis,
5. Cancer,
6. LBP,
7. Musculoskeletal pain,
8. Others.

ASSESSMENTS

of

Acute Pain

PAIN MEASUREMENTS

Visual Analogue Scale (VAS)

0 ————— 10

Verbal Rating Score

No Pain Mild Moderate Severe Pain

A horizontal line with four vertical tick marks. The first tick mark is on the left, the second is at the first of three equal intervals, the third is at the second of three equal intervals, and the fourth is on the right. The labels 'No Pain', 'Mild', 'Moderate', and 'Severe Pain' are positioned above these tick marks respectively.

PAIN MEASUREMENTS

Pediatric Scores “Facial expression”



0
No Hurt



1
Hurts
Little Bit



2
Hurts
Little More



3
Hurts
Even More



4
Hurts
Whole Lot



5
Hurts
Worst

Management of Acute Pain

Modalities of the "ACUTE PAIN MANAGEMENT"

Pharmaco - Therapy

1. Non Opioid Analgesics

- ❖ Paracetamol
- ❖ NSAIDs

2. Opioids

- ❖ Weak Opioids.
- ❖ Strong Opioids.
- ❖ Mixed agonist-antagonists

3. Adjuvants

Modalities of the "ACUTE PAIN MANAGEMENT"

Regional Anesthetic Techniques

1. Local infiltration

2. USG-RA

3. Neuraxial:

❖ Epidural:

❖ Spinal

❖ CSE

Routes of Administration

- ❖ Oral

- ❖ Rectal

- ❖ S.C.

- ❖ Intranasal

- ❖ Sublingual

- ❖ IM

- ❖ IV

- ❖ TTS

- ❖ Neuraxial

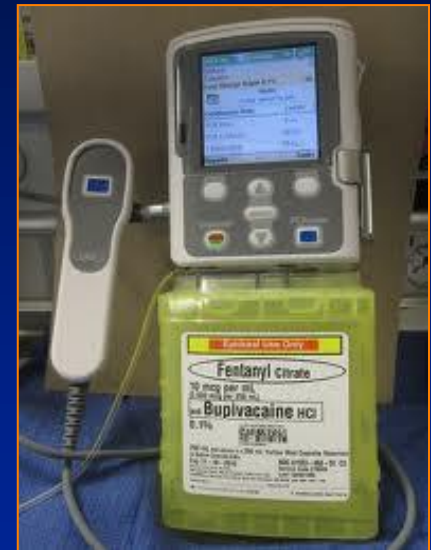
 - ❖ Spinal

 - ❖ Epidural

- ❖ Others

Patient Controlled Analgesia “PCA”

- ❖ Systemic: IV & SC
- ❖ Regional: Neuraxial, Plexus & PNB.
- ❖ Sitting:
 - ❖ Pre-set by the physician.
 - ❖ Activated by the patient.
 - ❖ Programming modalities.



Side Effects in Opioids

- ❖ Sedation / Dizziness
- ❖ Nausea / Vomiting
- ❖ Respiratory depression
- ❖ Itch / Rash
- ❖ Tolerance
- ❖ Urinary retention
- ❖ Drug interactions
- ❖ Constipation (30-70%)
- ❖ Dependence
- ❖ Addiction
- ❖ Opioid induced pain

Summary

SUMMARY

- WHO Ladder System should be followed
- Analgesia should be selected depending on the initial *Pain Assessment.*
- If the disease is not controlled on a given step →
→ *Move directly to the Next Step.*
- For continuous pain:
 - *Analgesics should be prescribed on a Regular Basis.*
- Only one strong opioid should be ordered at a given time.

ACUTE PAIN MANAGEMENT

Thank You

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