

GUIDELINES ON THE SAFE PRACTICE OF ACUTE PAIN MANAGEMENT

1. INTRODUCTION

- 1.1 Optimal control of acute pain is essential for good patient care.
- 1.2 Despite advances in knowledge of pathophysiology, pharmacology of analgesics, and the development of different techniques, many patients do not receive adequate control of acute pain.
- 1.3 An acute pain management service to improve and coordinate the management of acute pain is desirable.
- 1.4 Anaesthesiologists are expected to participate in the acute pain management service.

2. SCOPE OF SERVICE

- 2.1 Post-operative pain.
- 2.2 Traumatic pain such as fracture ribs and burns.
- 2.3 Non-traumatic pain such as herpes zoster and ischaemic pain.
- 2.4 Labour pain.

3. TECHNIQUES FOR EFFECTIVE PAIN CONTROL

In addition to conventional oral and intramuscular pain therapy, the following should be considered :

- 3.1 Systemic opioid infusion such as intravenous and subcutaneous infusion.
- 3.2 Extra and intrathecal opioids, with or without local anaesthetic.
- 3.3 Patient-controlled analgesia.
- 3.4 Other nerve blocks as appropriate.

4. PERSONNEL

- 4.1 Due to the potential risks of the above techniques in pain management, these techniques should be performed by medical practitioners¹ with proper training or by trainees under supervision.
- 4.2 Regular follow-up of the patient by the medical practitioner¹ or his/her deputy is required.

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5. SET UP

- 5.1 There should be an appropriately trained medical practitioner¹ in charge of the acute pain management service in the hospital.
- 5.2 The person in charge of the pain management or his/her deputy should be available to the nursing staff at all times.
- 5.3 Standardised protocols should be established for :
 - 5.3.1 Monitoring of the patient at regular interval to assess the efficacy and side effects of treatment
 - 5.3.2 Drug administration such as dilution of drugs, rate and range of drug administration
 - 5.3.3 Treatment of complications such as respiratory depression, pruritus, nausea and vomiting
 - 5.3.4 When to stop the treatment and to inform the person in charge.

6. DRUGS AND EQUIPMENT

- 6.1 Equipment for drug administration, monitoring and resuscitation should be available at locations where these patients are managed. Such equipment must be serviced and maintained at regular intervals.
- 6.2 Drugs for managing acute pain and the following conditions should be readily available at the said locations.
 - 6.2.1 Respiratory depression
 - 6.2.2 Nausea and vomiting
 - 6.2.3 Pruritus
 - 6.2.4 Resuscitation

7. EDUCATION

- 7.1 The public should be educated to increase their knowledge and expectations of good pain relief.
- 7.2 Teaching for nursing staff, undergraduates and postgraduates should be provided in a coordinated fashion.

8. AUDIT

- 8.1 The acute pain management service should keep the patient's pain management records.
- 8.2 Regular clinical audit of pain management should be carried out.

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¹ A medical practitioner is a duly qualified doctor registered with the Hong Kong Medical Council.

These guidelines have been prepared with regard to general circumstances, and it is the responsibility of the practitioner to pay particular attention to the circumstances and applicability of these guidelines to each case.

As the guidelines are reviewed from time to time, it is the responsibility of the practitioner to ensure that he or she uses the current version. Guidelines have been prepared having regard to the information then available and the practitioner should consider any information, research or material which may have become available subsequently.

Whilst the college endeavours to ensure that the guidelines are correct at the time of their preparation, no responsibility is taken for matters arising from changed circumstances, information or material which may have become available subsequently.