



Guidelines on the Safe Practice of Acute Pain Management

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1. INTRODUCTION

1.1 Optimal control of acute pain is essential for good patient care

1.1.1 Adverse physiological and psychological effects may result from unrelieved severe acute pain.

1.1.2 Effective treatment of postoperative pain may reduce the incidence of postoperative morbidity and facilitate earlier discharge from hospital.

1.1.3 Preventive treatment of postoperative pain may reduce the incidence of chronic pain.

1.1.4 There is evidence that acute neuropathic pain may occur soon after an acute injury and may present itself together with acute nociceptive pain.

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. PRINCIPLES OF ACUTE PAIN MANAGEMENT

3.1 Effective management of acute pain requires careful assessment, diagnosis and tailoring of treatment regimens to the individual patient.

3.2 Effective management of acute pain depends on close liaison with, and



education as well as training of, all staff; in addition to involvement and education of the patient and their caregivers.

3.3 Effective management of acute pain depends on formal protocols and guidelines covering acute pain management which are relevant to each institution; and formal quality assurance programs to regularly evaluate the effectiveness of acute pain management.

3.4 The following groups of patients have special needs that require particular attention :

- 3.4.1 Children
- 3.4.2 Pregnant patients
- 3.4.3 Elderly patients
- 3.4.4 Patients with obstructive sleep apnoea
- 3.4.5 Patients with concurrent hepatic or renal disease
- 3.4.6 Opioid-tolerant patients
- 3.4.7 Patients with a substance abuse disorder
- 3.4.8 Patients with cognitive behavioural and/or sensory impairments

4. TECHNIQUES FOR EFFECTIVE PAIN CONTROL

4.1 PHARMACOLOGICAL THERAPIES

4.1.1 Choice of drugs includes opioids, non-steroidal anti-inflammatory drugs and local anaesthetics, as well as adjuvant agents such as antidepressants, anticonvulsants and membrane stabilizers.

4.1.2 Multimodal analgesia improves the effectiveness of acute pain management.

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

4.1.3.1 Systemic opioid infusion such as intravenous and subcutaneous infusion.

4.1.3.2 Epidural and intrathecal opioids, with or without local



anaesthetic.

4.1.3.3 Patient-controlled analgesia.

4.1.3.4 Other nerve blocks as appropriate.

4.2 NON-PHARMACOLOGICAL THERAPIES

4.2.1 Non-pharmacological therapies may be considered as complementary to pharmacological therapies.

4.2.2 Psychological interventions, acupuncture, TENS and physical therapy may be effective in some acute pain settings.

5. PERSONNEL

5.1 Some specialised analgesia delivery techniques (e.g. those mentioned in 4.1.3) require greater medical and nursing knowledge and expertise, as well as some complex equipment and the use of established protocols and guidelines. The anaesthesiologist initiating these forms of analgesia may delegate the management of the techniques to another medical practitioner or registered nurse or to a pain service, provided that these personnel have received appropriate training and provided that the anaesthesiologist is satisfied with the competence of the person(s).

5.2 In addition, there should be close liaison with physiotherapists, psychologists, pharmacists and other paramedical personnel.

5.3 There should be close collaboration with surgical and other specialties involved in the patient's overall acute perioperative care.

5.4 Regular follow-up of the patient with assessment and documentation of efficacy and side effect of the acute pain management is required at least once daily.

6. SET UP

6.1 The provision of acute pain management by anaesthesiologists is highly recommended in hospitals with operating theatre services. Effective pain management may be provided by a specialist anaesthesiologist or by an acute pain service team.

6.2 An acute pain service should be staffed with medical personnel, particularly



anaesthesiologists, and nurses with special expertise in acute pain management.

6.3 The acute pain management service team should be available for consultation with the nursing staff on patient's management at all times.

6.4 Standardised protocols should be established for:

6.4.1 Monitoring of the patient at regular interval to assess the efficacy and side effects of treatment.

6.4.2 Drug administration such as dilution of drugs, rate and range of drug administration.

6.4.3 Treatment of complications such as respiratory depression, pruritus, nausea and vomiting.

6.4.4 Conditions under which the treatment is to be stopped.

6.4.5 Conditions under which the person in charge or the acute pain service team should be informed.

7. DRUGS AND EQUIPMENT

7.1 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.

7.2 Drugs for managing acute pain and the following conditions should be readily available at the treatment locations.

7.2.1 Respiratory depression

7.2.2 Nausea and vomiting

7.2.3 Pruritus

7.2.4 Resuscitation

8. EDUCATION

8.1 The public should be educated to increase their knowledge and understanding of the importance of good pain relief.

8.2 A discussion with patient regarding analgesia, its role in recovery and



rehabilitation, and options available (pharmacological and non-pharmacological), is an essential component of an acute pain management consultation.

8.3 Teaching for nursing staff, undergraduates and postgraduates should be provided in a coordinated fashion.

9. AUDIT

9.1 Regular clinical audit of pain management should be carried out; especially on the effectiveness of any treatment and incidence of side effects.

9.2 It is recommended that a record be made of patient demographics, analgesic drugs, techniques used, pain reports and any adverse effects that occur.

10. REFERENCE

Guidelines on Acute Pain Management. ANZCA PS41 (2013)