

Pavia Pre-hospital care: Pain management experience.

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Argomento: Altro

Pain diagnosis and treatment must be addressed as early as possible, starting in the prehospital phase[1]. Pain is still undertreated and underevaluated and the use of opioids for very severe pain is not frequently employed by Emergency Services.[2] [3]. Assessing the management of pain in prehospital care is an important step to improve the quality of Emergency Services.

Materials and methods

The study has been designed as observational-retrospective to investigate the current *status quo* of pain management in the pre-hospital Emergency Service of Pavia.

It involves 2241 patients over a four non-consecutive months period. We assessed all clinical records, with attention to pain assessment in traumatic events.

Results

Pain was assessed in 38,06% of patients, it was not assessable in 24,05% of cases, mainly because of neurological impairment (GCS<9). We found severe pain (NRS≥7) in 23,36% of case. Pain treatment was administered to 21,34% of overall pain-evaluated patients and to 62,64% of patients with NRS≥7. Traumatic events were 26,46% and 49,75% had pain assessment. In NRS≥7 traumatic patients group 79,12% received treatment: 12,09% NSAIDs and 74,73% major analgesics (opioids or ketamine).

Conclusions

Traumatic events are the most evaluated and treated by pre-hospital Emergency Service of Pavia, mainly with strong analgesics. The great bug may be the lack of pain assessment in a big part of own population. This study shows shortfalls in pain assessment and treatment, leaving a wide range of improvements to be done. We will organize educational meetings to sensitize all actors involved in taking care of patient in pre-hospital care.

[1] Chambers, J.A. & Guly, H.R.The need for better pre-hospital analgesia.*Archives of Emergency Medicine*, 1993;10:187-192.

[2] Ana Maria Calil.The “oligoanalgesia problem” in the emergency care.*Clinics Sao Paulo* 2007;62(5): 591-8.

[3] Fosnocht D.E.Changing attitudes about pain and pain control in emergency medicine.*Emerg Med Clin North Am.*2005;23:297-306.