Pain management in the emergency department

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Objectives: To determine the waiting time for administration of analgesia to patients presenting to the emergency department (ED) with traumatic pain, and to determine how the severity of pain affects the patient’s perception of pain and the treatment they receive. Methods: Consecutive patients aged 18–65 years presenting to the ED during the 2-week study period with complaint of pain secondary to trauma were prospectively recruited. The numeric rating scale (NRS) was used to indicate the level of pain experienced by the patients. They were interviewed using a structured questionnaire and a chart review was also done after the patients had completed their ED visit. Results: The mean time to analgesia was 77.6 min (95% CI = 63.2–92.0 min). Patients requesting analgesia at triage had a median pain score of 7 (range 0–10) while those who declined had a median pain score of 5 (range 0–10) (p = 0.002, Mann-Whitney U-test). The severity of the injuries sustained did not affect the patient’s perception of their pain nor their preference for early analgesia. Indian patients had a significantly higher median pain score (p = 0.048). Conclusion: Time to delivery of analgesia fell short of our patients’ expectations. Assessing pain using the NRS is useful and should be incorporated as the ‘fifth’ vital sign. Process-improvement, healthcare workers and patient education regarding pain management are needed. Patients with a pain score of 7 or more should be offered analgesia at triage. Those with a pain score of 6 or less should still be given analgesia at triage if they request it. (Hong Kong J Emerg Med. 2006;13:38-45)

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