A multi-faceted approach to improving pain management in the emergency department – *Online supplement*

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**Pain relief should START EARLY** (assess pain level at triage..!) and be **MONITORED** in the **EMERGENCY DEPT**

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**Pain score**

Assess pain severity

- Use splints/ slings/dressings etc.
- Consider other causes of distress*
- Consider regional blocks

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**MILD PAIN**

- PO PARACETAMOL 1g
  - (IV if unable to take orally)
  - OR
  - [NSAID]**
  - PO IBUPROFEN 400mg

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**MODERATE PAIN**

- PO CO-DYDRAMOL 10/500 2 tabs

OR

- PO PARACETAMOL 1g (IV if unable to take orally)
  - PLUS PO [NSAID] or OPIOID *
  - * PO CODEINE PHOSPHATE 30-60mg OR
  - PO DIHYDROCODEINE 30-60mg

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**SEVERE PAIN**

- Consider Entonox initially

- IV or SC MORPHINE (0.1–0.2mg/kg)
  - OR
  - PR DICLOFENAC 100mg (unless CI**)
  - PLUS
  - PO CO-DYDRAMOL 10/500 2 tabs
  - or
  - PARACETAMOL PLUS OPIOID *

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**[NSAID] Contra-indications:** avoid if previous reactions to NSAID’s or in moderate or severe asthmatics. Diclofenac contraindicated in IHD, PVD, CVA /TIA, CCF

**IV Morphine:** use with caution of risk of depression of airway, breathing or circulation

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**Figure 1:** New emergency department pain relief algorithm

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**Figure 2:** Audit pathway and chronological intervention time-line
Figure 3: Patients in mild, moderate and severe pain that were prescribed analgesia within 20 minutes

Figure 4: Pain score documentation at triage, guideline compliance and 1 hour re-checking