

Untreated pain at emergency department: A neglected “epidemic”

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Abstract: Pain is an “epidemic” that need to be eradicated. Many people suffered from inadequate pain assessment and management at emergency department globally. Those who do feel pain seldom think it is felt. The continuous collaboration and support from higher authorities will ensure awareness and better patient care. We need to work together with holistic and concentrated approach towards good pain care practice.

Keywords: Emergency Department, Pain management, higher authorities, holistic approach, pain care practice

I. INTRODUCTION

Pain management in emergency department (ED) setting was reported inadequate in many parts of the world. There was much effort taken to improve but it was consistently occurred thus an “epidemic” in a busy and rapid turnover of patient at ED. We intend to share our experience in dealing with inadequate pain management and report the realistic and simple but yet important measures to be taken to improve pain management at ED.

II. TECHNICAL REPORTS

Malaysia is a developing country with good government support for healthcare and access to pain medications is encouraging. Prospective observational study in Emergency Department of Hospital Kuala Lumpur, Malaysia in 2004 found that about 75% of emergency department attenders presented with pain and pain related conditions. However, there was less than 50% of them receive opiates even though the pain score was moderate to severe and almost half of them still suffering moderate pain on discharge. There was also significant difference in pain score rating among healthcare providers and this discrepancy significantly affect the pain management of the patients [1]. The documentation of pain management in paediatric population is poor and nearly non-existent. Poor documentation of subsequent pain assessments also occurs in developed countries [2].

The Ministry of Health (MOH) Malaysia had taken the first step in 2006 by adopting pain as 5th vital signs and subsequently became a policy for all general hospitals nationwide. There are many barriers identified during the initial implementations. Firstly, there was no budget allocation for training. Secondly, the corporation from senior healthcare staff are minimum and they incorrectly belief that opiates should only be prescribe for patients undergone invasive surgical procedures by anaesthesiologist only. Many of them had a myths and wrong concept of pain management and complications especially the risk of addiction and sudden respiratory arrest. The collaborative training approach of pain management at national level involving all discipline including pharmacies, physiotherapist and psychologist was established. The standardized module of training was developed and launched by the Director General of Health Malaysia. The training is designed to improve pain management nationwide at “grassroots” level with the objective of to improve understanding of pain, to teach a simple framework for managing pain and to reduce pain management barriers. The target of training was set and transforms into key performance indicators of state health directors and committee of Pain as 5th Vital Sign. Apart from that, the training is made compulsory for all new staff during their orientation. The training for patient and relative in the ward was also been done on the day of admission. With this holistic approach, we manage to train more than 85% of healthcare staff in MOH, Malaysia within two (2) years. We found that, by introducing pain as a fifth vital sign had reduce the greatest barrier to pain management which is inadequate pain assessment and indirectly increase awareness among healthcare provider thus an easy and practical method to improve pain management.

The higher authority must understand that neonates and even premature babies can and do feel pain. Their pain experienced by them is no less and may even be more than that experienced by adults. They react to and report pain in different ways e.g. becomes quiet or withdrawn instead of crying. At present, pain in children is still under recognized and under treated at emergency department in Malaysia and may cause negative impact and long term consequences. We need to treat children in a more humane manner and be responsible to eliminate or assuage pain.

The basis of comprehensive pain management demands understanding of the complexity of pain pathophysiology. The strategy is to inhibit the ascending pain signals and enhance the descending inhibition signal. There are many factors affect how we feel pain and furthermore different treatments work on different parts of the pain pathway. It is important to differentiate between types of pain as neuropathic pain versus nociceptive pain is different hence is treated differently. Chronic pain is a disease that has to be managed using a multidisciplinary and multimodal approach that is more viable in the long term [3]. In a situation where pharmacological approach is impossible or unable to be optimizing, the non-pharmacological measures like physical and psychological should be empowered. Psychological treatments delivered face-to-face are effective in reducing pain intensity and disability for children and adolescents (<18 years) with headache and non-headache conditions, and therapeutic gains appear to be maintained [4]. It was also beneficial at reducing anxiety post-treatment for headache.

III. CONCLUSION

In summary, inadequate pain assessment and management is not an issue of under developed or developing countries but worldwide. It is not about having access to the medications alone but also understanding on how the medication work and where the pharmacological actions exert their effect. The practicing healthcare providers need to unlearn the myths and misconceptions. They should be instilled with appropriate correct knowledge so that it can be translated into their practice for betterment of patient care. Healthcare providers from various disciplines must work together towards improving pain care. We are the advocator for good pain management practice and a force for “wind of change”. Pain is a neglected “epidemic” that should be eradicated. No doubt, the involvement of higher authorities to support the good pain management program is mandatory.

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