

Oligoanalgesia, an important issue in the Emergency Department

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Abstract

Objective: Evaluation of pain management in our emergency department.

Method: A retrospective study that analysed data from the Emergency Clinical Hospital of Bucharest for the year 2007, April. We included records of 101 patients who were at least 1 year and had a trauma diagnosis.

Results: The percentage of patients receiving analgesics was 50,49%. Analgesics were administered to only 50% of multiple trauma group. At less 23% of these patients analgesia was opioid type. The children are to high risk for oligoanalgesia (25% of these patients received pain agents).

Conclusion: There is an inadequate analgesic management in the emergency department that may be due to poor staff assessment of pain and may be increased by pain relief protocols. (Revista de Medicină de Urgență, Vol. 4, Nr. 1: 24-26)

Keywords: Emergency Department, pain, oligoanalgesia.

Introduction

Pain relief is a basic human right [1]. Pain is one of the leading symptoms in emergency departments with multiple deleterious effects leading to a higher rate of morbidity and mortality, especially on those with poor functional resources [1-3]. Despite advanced medical information and technology for pain management in the Emergency Departments, recent studies have shown an undertreatment of pain [2,4]. Although this symptom has been recently used as the fifth vital sign in an effort to improve acute pain management (2001, JCAHO), the implementation is slow [2, 6].

There are various facts that contribute to oligoanalgesia: underestimation of pain severity by medical personnel, lack of training in appropriate pain assessment (pain assessment tools), opiophobia, misconception that the children are too little for to receive analgesia, lack of awareness of the principles of pain management and prevalent use of sedation [1-5, 7].

The purpose of this study was to evaluate the number of patients with acute traumatic pain who received analgesia in the emergency department, to examine traumatic pain

etiology and pain management practices in this setting, to reveal the category at risk for oligoanalgesia.

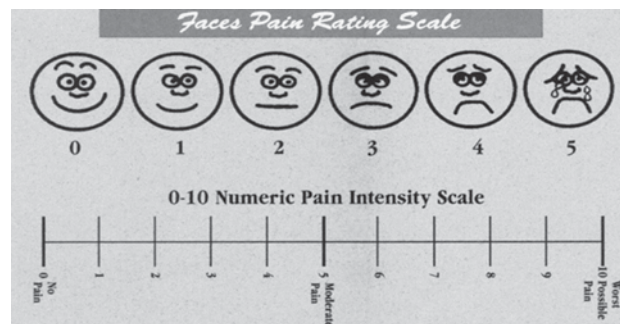


Figure 1: Pain assessment tools

Method

Our retrospective study evaluated 101 patients presented to the Emergency Department of Clinical Emergency Hospital Bucharest in April, 2007. It was included records of patients with acute traumatic injuries that are perceived to be painful. Persons over the age of 1 year were included in the study. Among these, 72 were men, 4 were children and 21 were older patients (>65 years). 54% of the patients sustained traffic accidents, 11% falls and the others suffered penetrating trauma. Pain assessment were performed sporadical with numeric rating scale or by physiological parameters (heart rate, blood pressure, respiratory rate and sweating).

Table 1: Injuries in patients with acute traumatic pain

Lesion type	No.
Minor head trauma	13
Severe brain injury	7
Chest trauma	7
Intra-abdominal trauma	2
Long bone fractures	15
Spinal fracture	5
Pelvic fracture	3
Multiple trauma	27
Multiple minor injuries	25
Total cases	101

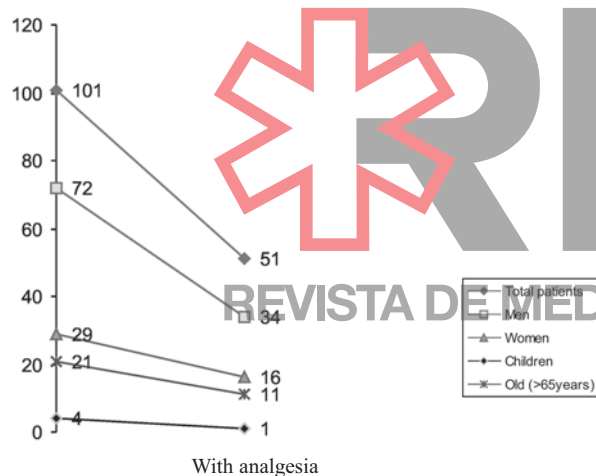
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Results

In our lot of study, less than 51% of the patients with acute traumatic pain received analgesic agents. For the multiple trauma group, approximately half was medicated for pain, while only 22% of those received opioids. Pain therapy was applied in a third of head trauma and pelvic fracture patients. Most cases in which analgesia was administered are from the long bone fractures group (76,4%) and multiple minor trauma group (60%). Opioid therapy was used in 42,5% of patients with long bone fractures. Fifty-five percent of female versus 47% of male patients with acute traumatic conditions received analgesia in the Emergency Department. On the other hand, only 25% of children benefited from pain management.

Diagram 1

Distribution of patients who received analgesia according to patient characteristics



Discussions

This study documents low levels of analgesics use, especially for severe brain injury, pelvic and multiple trauma subsets of patients. Opioid therapy was often avoided, placing patients with severe injuries at risk of increased morbidity and mortality. As previous studies, two distinct

Diagram 2

Discussions

Proportion of patients who obtained analgesia by injury type

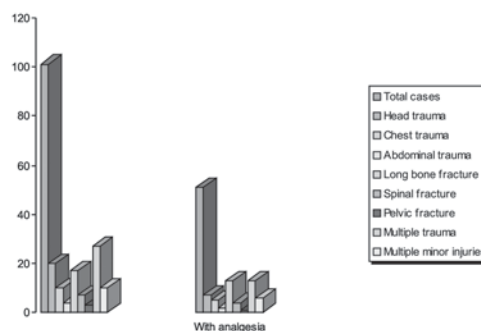


Diagram 3

Multiple trauma allotment according to the analgesia type



categories of patients at risk for oligoanalgesia: children and men are mentioned. In conclusion, poor pain management in the Emergency Department is a real situation and may be improved by emphasis of the central role of pain management during the university years and residency training and by implementation of standard guidelines for analgesia, introducing pain as the fifth element of the primary survey

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