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The Ouchless ED

GOALS

Goal

- To think more actively and proactively about assessing and managing pain in the emergency department (ED)

PAIN IN THE ED

- Common reason for presentation
- Frequently caused when presenting to ED
(MacLean S, Obispo J, et al. 2007)
- Inadequately assessed and managed, even in trauma and fracture patients
(Friedland LR, Kulick RM, 1994 and Brown JC, Klein EJ, 2003)
 - Children less than 2yrs receive disproportionately less analgesia (Alexander J, Manno M. 2003)

GROUP QUESTIONS

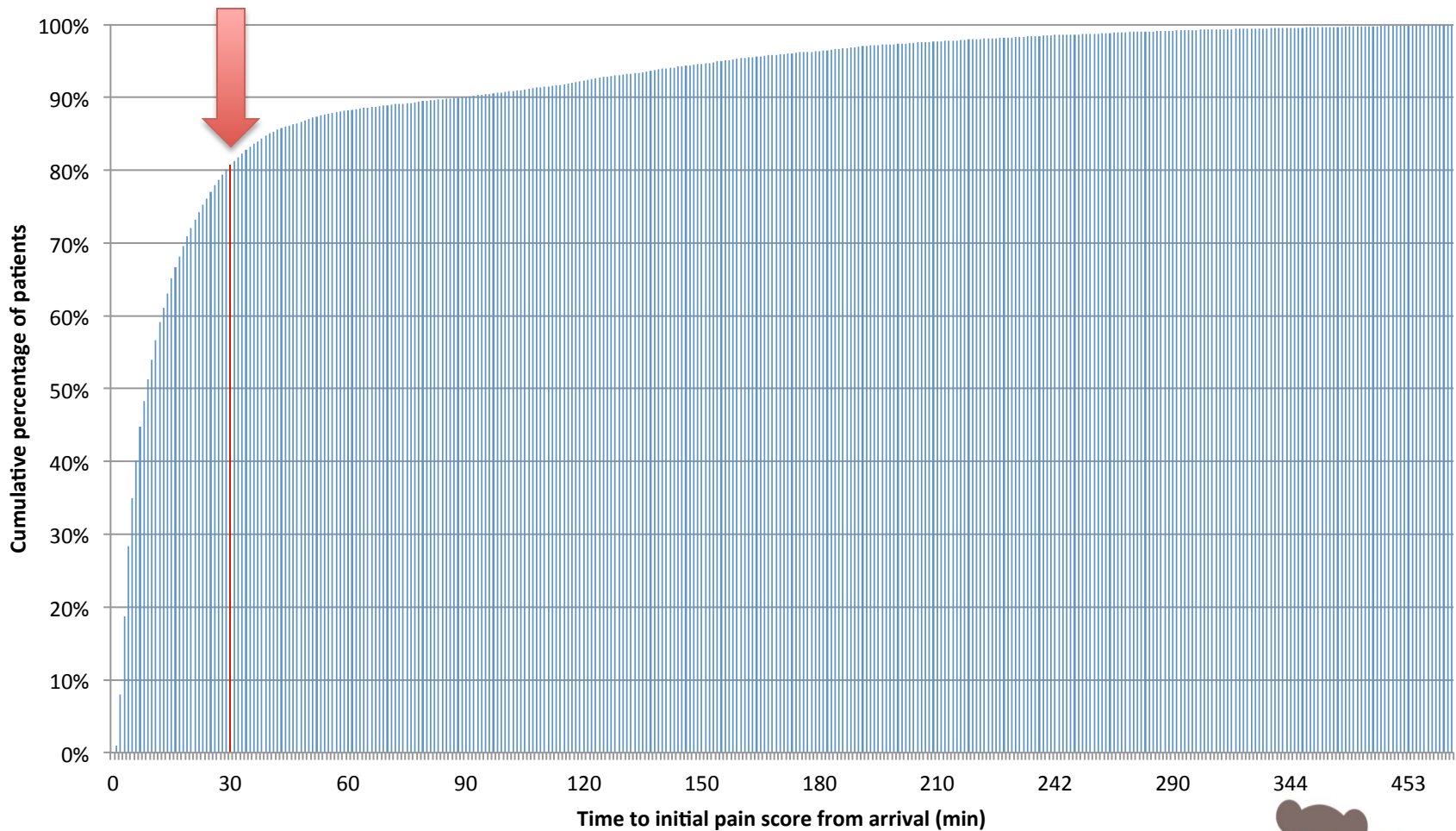
In my ED, we do a(n) _____ job of assessing patients in pain.

In my ED, we do a(n) _____ job of treating pain.

Have you looked at your performance data?

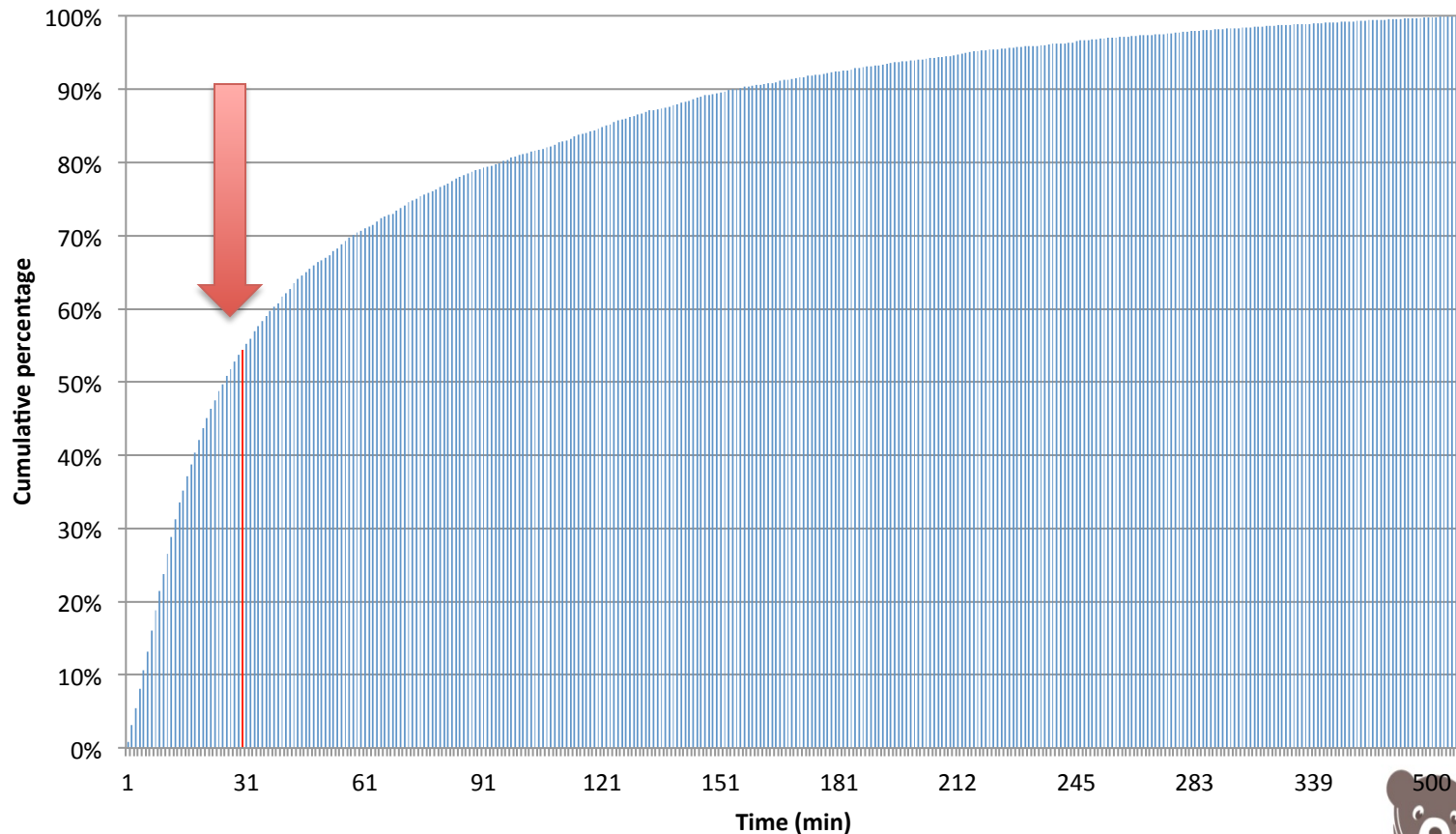
We did...

HOW QUICKLY ARE WE ASSESSING PAIN?



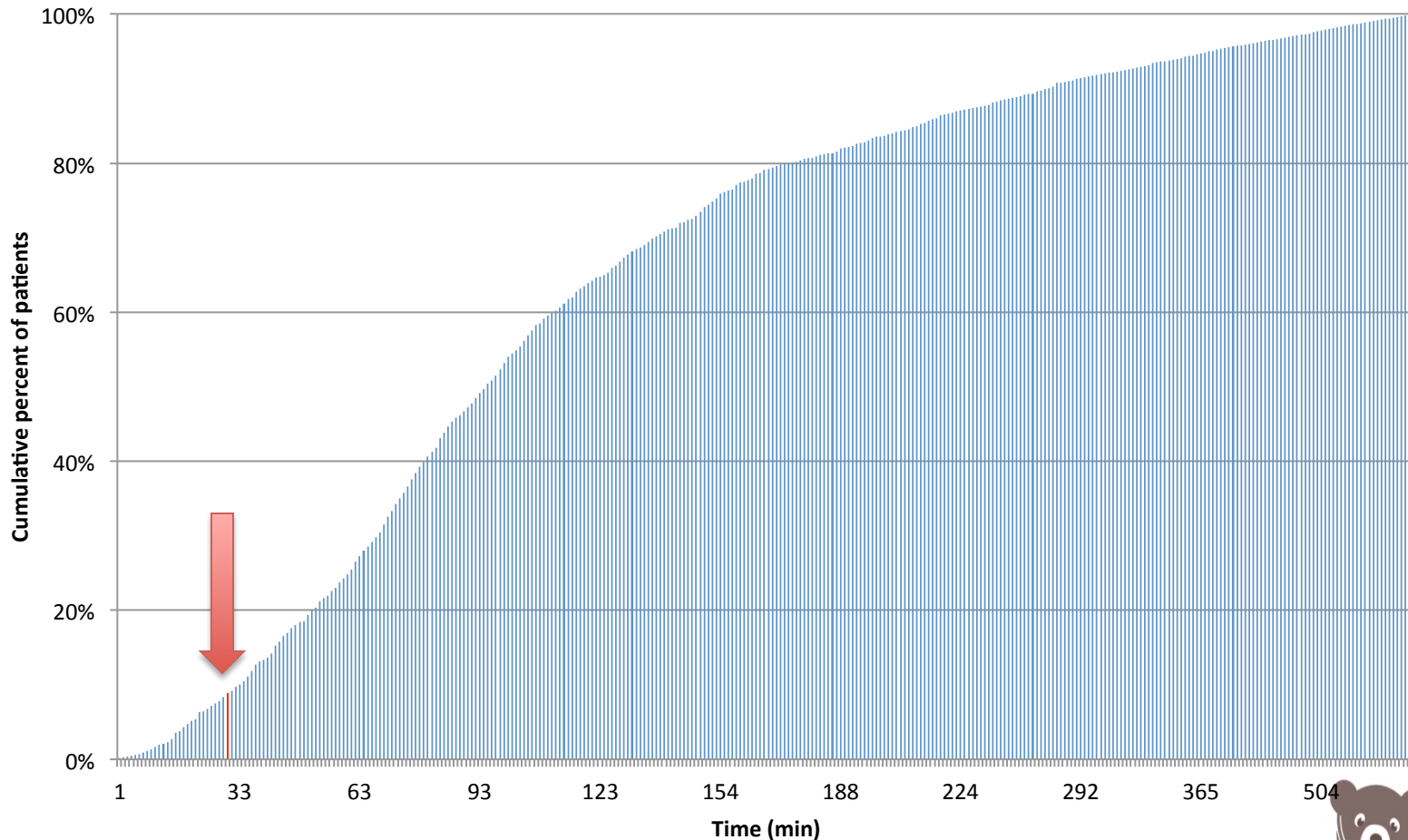
HOW QUICKLY ARE WE *RE-ASSESSING* PAIN?

Time to re-assessment if pain score is >4



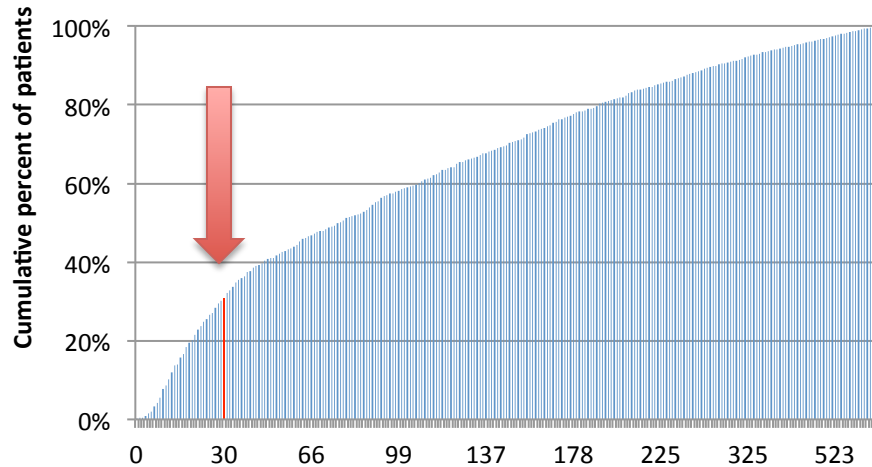
HOW *QUICKLY* ARE WE TREATING PAIN?

Time to 1st Morphine, initial pain score 4-10

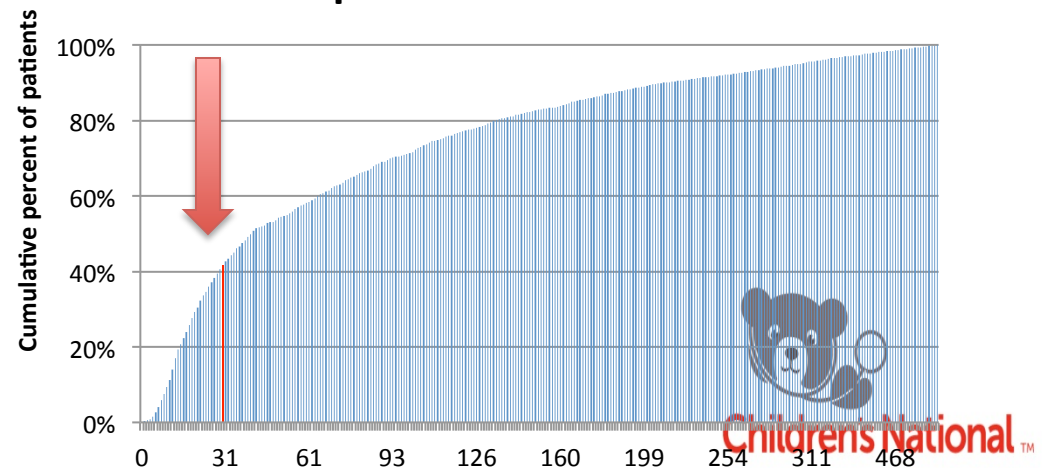


HOW *QUICKLY* ARE WE TREATING PAIN?

**Time to 1st dose of Tylenol,
pain score 4-10**



**Time to 1st dose of Motrin,
pain score 4-10**



HOW CAN I HELP MY PATIENTS?



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LET'S JOURNEY THROUGH THE ED

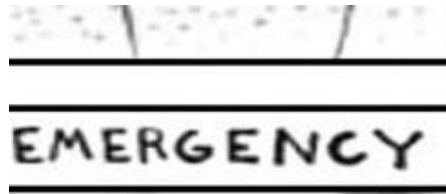


INTRIAGE



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WHAT CAN WE DO IN TRIAGE?



- Assessment of pain during triage
 - Believe the pain score!
- Anticipate future pain
 - Wound analgesia before laceration
 - EMLA on port sites

WHAT CAN WE DO IN TRIAGE?



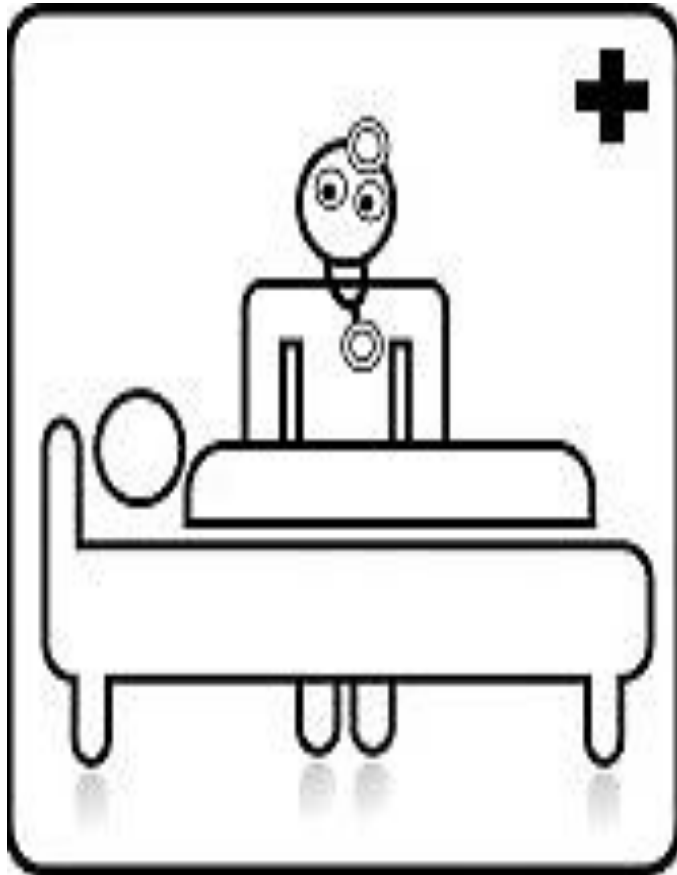
- Analgesia in triage
 - Acetaminophen, ibuprofen
 - Protocol for narcotics?
 - Quick response pain team
 - Notify charge MD for quick assessment
 - Change triage level
- Analgesia adjuncts
 - Ice pack, slings
 - Heat packs
 - Wheelchairs

**WHEN PATIENTS ARE BROUGHT TO A
ROOM...**



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WHAT CAN WE DO AT THE BEDSIDE?



Prioritize and assess pain

- Make pain management your priority (even before a complete H&P)
 - Acknowledge current pain level
 - Confirm meds, allergies, weight, then order pain meds
 - Fentanyl IN prior to IV start
- Analgesia **before** imaging

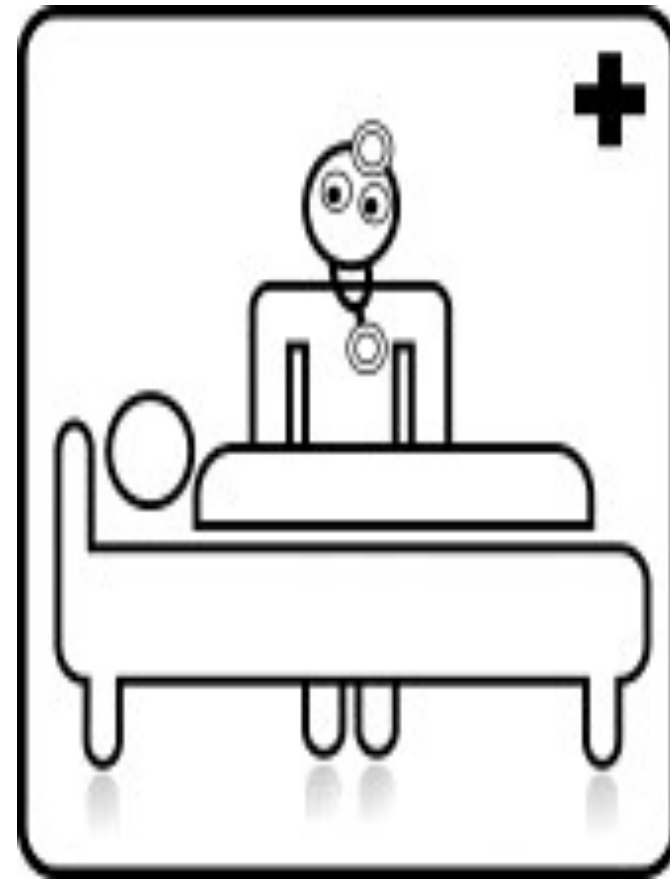
WHAT CAN WE DO IN THE ED?

Re-assess

- Advocate for patients/families to update providers on pain levels

Consider adjuncts

- Heat, cold, positions of comfort, splinting



Moderate-to-Severe Pain

Triage

Assess pain

Supportive measures (ice,
sling, wheelchair,
immobilize)

ED

Analgesia
Fentanyl 2mcg/kg IN
(max 100mcg)

Re-assess in 15 minutes

PO Oxycodone
(Max 10 mg)

IV with J-Tip or
PainEaze

IV Morphine
(Max 8 mg)

Assess pain in Triage

Mild (0-4)

IN TRIAGE

Supportive care
(ice, sling, wheelchair, immobilize)
+
Motrin or Tylenol

Reassess in
60 minutes

Mild (0-4)

Continue
supportive care
and oral pain
medicines

Moderate/Severe (5-10)

IN TRIAGE

Supportive care
(ice, sling, wheelchair, immobilize)
+
Motrin or Tylenol

IN ROOM

Fentanyl 2mcg/kg IN
(Max 100 mcg)

Reassess in 15 minutes

Moderate/Severe (5-10)

IN ROOM

IV with J-Tip or PainEaze
+
IV Morphine Per Weight Category (Max 8 mg)
Or
PO Oxycodone Per Weight Category (Max 10 mg)

ARE YOU IN PAIN?



WHAT CAN WE DO IN THE ED?

Pharmacologic treatment of pain

- Morphine IV 0.1mg/kg (max dose 8mg, non SCD patients)
 - Morphine 0.05mg/kg, but consider repeat dosing
- Fentanyl IN 2 mcg/kg (max dose 100mcg)
- Oral analgesics
 - Oxycodone
 - Acetaminophen/codeine
- Consider anxiolytics
 - Consider midazolam for large bone fractures to reduce muscle spasms

HOW CAN WE DECREASE PROCEDURAL PAIN?

The Emergency Medicine and Trauma Center at Children's National is committed to helping reduce pain from needle sticks. Ask your nurse or doctor about options that are best for your child.

Bear Hugs

Special ways to "hug" and hold during procedures that offer more comfort than restraints.

Distraction

Child Life Specialists can provide creative ways to engage your child, directing their focus away from the needle stick to help reduce their anxiety and pain.

Pain-Ease

A cold spray used on the skin immediately before a needle stick that helps reduce the pain from the needle.

J-tip

A needle-less device that contains numbing medicine that is pushed under the skin with a puff of air. The area becomes numb within a minute.

LMX

A medicated cream applied to the skin and covered with a clear bandage. Remains in place for at least 30 minutes to numb the skin.

Sweet-Ease

A sweet, sucrose solution applied to a pacifier to help infants produce their own pain-reducing chemicals to decrease the pain of the needle.



**DEVELOP YOUR OWN
PROCEDURAL PAIN
PATHWAY!**

HOW CAN WE DECREASE PROCEDURAL PAIN?

Child Life specialists

- “Child life services should be provided directly by certified child life specialists in... emergency departments... to the extent appropriate for the population served.” (Child Life Services, COMMITTEE ON HOSPITAL CARE and CHILD LIFE COUNCIL, *Pediatrics* 2014)

BEAR HUGS

Can provide comfort for many different procedures

- IV placement/Labs
- NG placements
- Vital Signs
- EEGs
- Port Access
- Lacerations



Buzzy



- A vibrating/cooling device applied before a painful procedure
- A natural form of pain relief that requires no medication, making it easy for all staff to utilize
- Vibrations coupled with cold therapy blocks nerve pain associated with sharp and painful procedures.

J-TIPS

- **Indications:**
 - PIV, venipuncture, IM/SQ injections
- **Pros:**
 - Works quickly in 1-2 minutes,
 - can provide a pain free IV start if used correctly (Z tracking)
- **Cons:**
 - Institution may limit providers that can use this tool
 - noise can be scary
 - currently not approved for Port Access.



PAIN-EASE

- **Indications:**

- PIV, venipuncture, IM injection, SQ injection, ID injection, I&D, laceration, sutures, cleaning road rash, bumps, scrapes, FB removal, minor procedures

- **Pros:**

- Likely less restrictions on providers who can use
- Can be reapplied to the same site or multiple sites, works quickly, inexpensive.

- **Cons:**

- Some children don't like cold
- Learning curve
- Child can focus on site, limiting distractibility



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AT DISCHARGE



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WHAT CAN WE MANAGE PAIN AT DISPO?

- Provide analgesia dose prior to discharge or transfer to the floor
 - Time of day, 24hour pharmacies, late ED discharges
 - Consider availability for pain meds on the floor
- Discuss home pain management regimen

TAKE HOME POINTS

- Ask, offer, re-assess
- Anticipate and mitigate pain-inducing procedures
- Actively include non-pharmacological measures to decrease pain
- Ask , offer, re-assess

THANK YOU

- Child Life Specialists
 - Catherine R. Boland, CCLS
 - Annalise Walker, CCLS
- Physician Champions
 - James Chamberlain MD-Division Chair
 - Paul Mullan MD
- Nursing Champions
 - Emily Dorosz, BSN RN
 - Jeanne Pettinichi, MSN RN
- Process Architects
 - Katie Rahn
 - Brian Mackey

JOINT COMMISSION STANDARDS

- As of January 1, 2001 organizations are required to:
 - recognize the right of patients to appropriate assessment and management of pain
 - screen patients for pain during their initial assessment and, when clinically required, during ongoing, periodic re-assessments
 - educate patients suffering from pain and their families about pain management