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An Opinion on Pain Control in Trauma

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Introduction

In response to widespread complaints that pain is not being adequately managed, the Joint Commission established pain criteria for healthcare institutions in 2021. Early pain care for trauma patients is crucial, according to the Joint Commission Comprehensive Accreditation Manual for Hospitals. They also emphasized the importance of providing all patients with appropriate pain management plans and provided the following standards.

a. Patients' pain should be evaluated at first, then periodically after that.

b. Assessment and management of pain should be made a priority for all pertinent providers.

c. Patients' and their families' roles in pain management, potential limitations of pain control methods, and adverse effects of painkillers should all be explained to them (where appropriate) [1].

d. Explaining to patients and their families the significance of pain management in their medical care.

About the Study

The adoption of pain scales, such as the numeric rating scale (range: 0-10), verbal rating scale, or Wong-Baker FACES Pain Rating Scale (cartoons of smiling to grimacing faces), by healthcare institutions was also recommended [2]. To evaluate the effectiveness of the pain management services offered by healthcare professionals, quality improvement efforts were put into place. Through post-discharge surveys distributed to patients, one such effort assessed the effectiveness of pain management services given by healthcare organisations. The following inquiries were asked in the surveys:

1. Do you require painkillers? Either in the affirmative or negative

2. Pain well under control? (Never, sporadically, regularly, or always)

3. Did staff do everything to ease pain? (Never, sporadically, regularly, or always)

The Hospital Consumer Assessment of Healthcare Providers and Systems' Patient Experience of Care Domain score was determined using the survey findings (HCAHPS) [3,4]. Overall, the Hospital Value-Based Purchasing model makes use of the HCAHPS score. Similar to this, the Centers for Medicare and Medicaid Services evaluated the length of time it took for patients with long-bone fractures to get pain medication after arriving at the emergency room in order to produce a quality measure of pain treatment. Health insurance companies may offer lower payment amounts in the event that HCAHPS ratings decline. It can be difficult to provide high-quality pain management, particularly in light of the current opioid addiction pandemic [5].

Patients are frequently asked to rate their level of pain on a numeric scale even though pain is not one-dimensional. 2 In a study by Cepeda and colleagues, 700 adult participants were asked to rate their level of pain using a numeric scale and to indicate how much it had improved following each pain intervention using a 5-point Likert scale (ranging from no improvement to complete pain relief). A reduction in pain of 1.3 units was related with only a small improvement, 2.4 units was associated with a moderate improvement, and 3.5 units was associated with a substantial improvement [6].

The findings showed that a person's sense of pain relief correlates with a decline in pain intensity on a numerical scale. Researchers also discovered that when the severity of an individual's baseline pain grows, so does the change in pain intensity that is meaningful to that subject. This study demonstrates that a patient's pain and reaction to painkillers can be accurately assessed using a numerical scale. "Pain developing as a direct consequence of a lesion or disease affecting the somatosensory system" is how neuropathic pain is defined. Many people with neuropathic pain report that it is resistant to conventional medicine, making its treatment difficult. First-line treatments for neuropathic pain include tricyclic antidepressants, selective serotonin norepinephrine reuptake inhibitors, and calcium channel a-d ligands like gabapentin or pregabalin. Second-line therapies include opioid analgesics and tramadol.

Conclusion

The Joint Commission has shifted its emphasis to regularly measuring pain rather than on how effectively patients believe their pain is being managed. Giving patients information and expectations about pain management at the time of admission may aid in pain management both during and after the patient's hospital stay. The goal of pain management is to suitably reduce pain so that patients may engage in rehabilitative activities comfortably and effectively. It is crucial for patients to recognise that a pain score of 0 in the initial postoperative or posttrauma period is unachievable. Understanding that there are multiple types of pain and different pathways by which they are mediated, and that not all of them may be responsive to or require opioid analgesics, is vital.

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Conflicts of interest

The authors declare that they have no competing interests.

References

1. Ahmadi, Alireza, Shahrzad Bazargan-Hejazi, Zahra Heidari Zadie and Pramote Euasobhon, et al. "Pain management in trauma: A review study." *J Inj Violence Res* 8 (2016): 89.

2. Lome, Barbara. "Acute pain and the critically ill trauma patient." *Curr Trauma Rep* 6 (2020): 147-153.

3. Reddy, Madhuri, Rosemary Kohr, Douglas Queen and David Keast, et al. "Practical

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treatment of wound pain and trauma: A patient-centered approach. An overview." *Ostomy Wound Manage* 49 (2003): 2-15.

4. Koehler, Rikki M., Ugochi C. Okoroafor and Lisa K. Cannada. "A systematic review of opioid use after extremity trauma in orthopedic surgery." *Injury* 49 (2018): 1003-1007.
5. Wu, Janice J., Loreto Lollo and Andreas Grabinsky. "Regional anesthesia in trauma medicine." *Anesthesiol Res Pract* 2011 (2011): 713281.
6. Brasel, Karen J., Ernest E. Moore, Roxie A. Albrecht and Marc deMoya, et al. "Western trauma association critical decisions in trauma: management of rib fractures." *J Trauma Acute Care Surg* 82 (2017): 200-203.

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