Pain Management During and After Your Emergency Department (ER) Visit

This handout was written to help you understand pain management. It describes

- How pain is managed in the ER.
- How to work with your doctors and nurses to get the best pain control.
- Types of pain treatment.
- A pain control plan for after you leave the ER.

Pain is a common reason many people come to the ER. There are many causes of pain. Illness, injury, infection, and even some types of treatment can all cause pain. People feel pain in different ways. Many things can affect how you feel pain and to what degree a person feels pain. Sometimes, pain is just a small nuisance. At other times pain can affect you in many ways. It can keep you from sleeping, eating, and being active. Pain can also make you feel afraid or depressed.

Pain management is a key part of your care in the ER. Finding the cause of your pain and controlling your pain can improve the results of your care.

**How pain is managed in the ER**
The main goal of your care in the ER is to find out what’s wrong with you and to provide emergency care. Although we want you to be as comfortable as you can be during your visit, a doctor will need to see you before we can give you any pain medicine. The doctors and nurses will work with you to find the best and safest way to control your pain during your visit. Please let us know if there are pain treatments that have been helpful to you in the past. We will work to provide timely pain management during your visit.

The person with pain is the only one who really knows the pain is present and how bad it is. There are no tests or scans to measure how much pain a person is having. Pain can be a sign of a problem. The nurse and doctor want and need to know about it, what it feels like, and how it impacts you. Many things can affect your pain control.

- Thoughts
- Feelings
- Emotions
- Behavior

We may use methods other than giving you medicine to help treat your pain.

- Cold pack
- Heat pack
- Distraction
- Education

**If you have chronic pain**
Chronic pain takes a toll on your body, mind, and soul. Often, you may feel like you have little control over what’s going on with your body. There is no magic pill or cure to relieve chronic pain. We want to relieve pain and suffering, yet do no harm. Pain relief from narcotic (opioid) shots lasts only a short time. After this time, you may notice your pain not only increases, but also it may return more often. Using short-term or “rescue” narcotics can increase stress and disability.

Often, the ER is not the best place to manage pain, especially chronic pain flares. Patients tell us that long waits in the ER are common. The noise and chaos often worsens pain. The best results for managing your chronic pain will be achieved by
working with your primary care doctor. This involves learning more about how to prevent the pain as well as what treatments are best for you to use at home. Your ER team can check you to make sure there is no new problem. But you and your primary doctor may need to work with a pain specialist to set up a plan that is best for your needs.

How to get the best pain control
It is crucial that you take an active role in a plan to control your pain. Be sure to talk to your doctors and nurses about these things.

1. Ask the doctor or nurse what to expect.
   - Will there be much pain with your injury, illness or treatment?
   - What are the options you can use for your type of pain during your ER visit?

2. Discuss your pain control options with your doctors and nurses.
   - Talk with your nurses and doctors about pain control methods that have worked well or not so well for you before.
   - Talk with your nurses and doctors about any concerns or fears you may have about pain medicine.
   - Tell your doctors and nurses about any allergies to medicines you may have.
   - Ask about side effects that may occur with pain treatment.
   - Talk with your doctors and nurses about the medicines you take for other health problems. We need to know, adding over the counter or herbal medicines can cause problems.

3. Help the doctors and nurses “measure” your pain.
   - Use a pain scale to describe your pain. For pain management to work, you need to have some way to help your doctors and nurses be aware of how much you are hurting. You may be asked to use a “pain rating scale” to do this. On a scale of 0 to 10, with 0 being no pain, and 10 being the worst pain you can think of, how much pain do you have right now?
   - Tell your doctors and nurses where your pain is, what it feels like, if it changes, and if you feel the pain all the time or only at certain times.

4. Work with you doctors and nurses to make a pain control plan.
   - Talk to your doctors and nurses about how they will treat your pain in the ER. Ask about a realistic pain control goal during your visit (for instance, reducing your pain enough to get through a test such as a CT scan).
   - You may or may not need prescription or over-the-counter pain medicine. You need to understand the different kinds of pain medicines and how to use them safely for your type of pain.
   - Make sure you understand the plan for pain control after you leave the ER and who to call if you have any questions or problems.

Pain treatment
This information is given to help you discuss your options with your doctors and nurses. Sometimes, it is best to combine two or more of these treatments or change the treatments slightly to meet your needs.
Pain Medicine
There are many medicines that can be used to treat pain. They can be divided into three basic groups.
1. Aspirin, nonsteroidal anti-inflammatory drugs (NSAIDS), and acetaminophen (Tylenol®)
2. Opioids (narcotics)
3. Adjuvant medicines including local anesthetics

Nonsteroidal anti-inflammatory drugs (NSAIDs) and acetaminophen (Tylenol®)
This includes aspirin and other “aspirin-like” medicines such as ibuprofen (Motrin®, Advil®) and naprosyn (Aleve®) as well as acetaminophen (Tylenol®). These drugs are given for mild to moderate pain or as an added medicine with opioids for severe pain. The main way these medicines work is to decrease the sensitivity of the nerves to pain and reduce inflammation. There is a limit to how much you can take of each of these medicines. Except for acetaminophen (Tylenol®), they interfere with blood clotting, and can also cause nausea, stomach bleeding, or kidney problems. For more information ask for Health Facts for You #4653.

Opioids (narcotics)
These include morphine, hydromorphone, codeine, oxycodone, fentanyl, and others. These drugs are given for moderate and severe pain. They require a prescription. They work mainly by blocking pain sensation in the spinal cord and brain. These medicines can be given in a variety of ways including by the mouth (pills), through the rectum (suppositories), through a vein (intravenous), near the spinal cord (spinals or epidurals), or through the skin (transdermal patches). Side effects may include drowsiness, nausea, constipation, and slowed breathing. For more information about opioids, ask for Health Facts for You #4659.

Adjuvant medicines
There are many other types of medicines that have pain-relieving qualities. Many of these medicines (certain antidepressants, anticonvulsants, and steroids) are very helpful when treating certain types of pain. Local anesthetics are numbing medicines that can sometimes be placed on the skin or injected under the skin to provide short-term relief.

Non-drug methods to relieve pain
There are many other ways to reduce pain. These methods can be effective for all types of pain and can boost the pain-relief effects of medicine.
- Cold or warm packs
- Distraction can be as simple as watching TV or reading a book, or as complex as a recording that instructs you on activities to perform
- Music
- Imagery is using your imagination to create mental pictures or situations to help reduce your pain

Just as with medicine, all the methods listed above may not work for you. You will want to try a few methods, both alone and together to see which work best for you.

A pain control plan after you leave
You will be given a set of written instructions for your care after you leave the ER. If you need continued pain management after you leave, the instructions will include information about a pain management plan. A pain management plan is a way to organize all the possible ways to reduce your pain. A pain management plan may include a list of medicines and other non-drug treatments you can use to manage
your pain. If pain medicine is needed we are only able to provide a limited supply to manage the acute need until you can see your regular doctor. It is important to understand which doctor or clinic to contact for follow-up care or questions after you leave the ER.

Your input into the plan is vital if it is to work. Be sure the plan makes sense to you. You must be able to both understand and follow it. There is no one best plan that works for all people. What works today may not be the best plan in a week or a month from now.