



Collaborative Regional Benchmarking Group Pain Management in Critical Care



Aim: To provide guidance on nursing care for the assessment and management of pain in Critical Care patients

Scope: All adult patients in Critical Care

ASSESS FOR PAIN

- 4hrly at a minimum
- Self reporting is gold standard
- Critical Care Pain Observation Tool (CPOT) for those unable to self report

Pain in Critical Care Patients

- Critical care patients routinely experience pain at rest and during care
- Procedural pain
- Identified as a source of great stress
- Pain must be routinely monitored

Agitation may be a sign of pain. Always treat pain first.

STANDARD CARE

1	Give pre-emptive analgesia prior to commencing potentially painful procedures
2	IV opioids are the first line choice for non-neuropathic pain
3	Non-opioid analgesics or regional anaesthetic techniques administered where possible to reduce opioid use
4	If patient cannot self-report pain, use CPOT to assess for pain and titrate analgesia to score.
5	Reassess pain score 10-30 minutes after giving/titrating analgesia

Potential Causes of Pain

- Gastric distention
- Positioning
- Urinary retention
- Surgical site
- Endotracheal tube
- Invasive lines/devices

Pain Scoring tools

- Self reporting – “None”, “Mild”, “Moderate”, “Severe”
- Numerical Rating Score – 0-10
- CPOT – 0-8 (anything over 2 is considered to represent pain)

Use the most relevant tool – BUT be consistent

Please see your units full guidelines for more information

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