Acute trauma pain & safe analgesia

Treat pain early and reassess both benefit and adverse effects.

RECOVERY & COMPLICATIONS / ADULT TRAUMA

The aim is tolerable pain with useful function and safe physiology, supported by an individualised multimodal plan.

01 Assess consistently

Record pain regularly with a suitable scale and carry the same assessment approach across handovers. Ask about pain during movement as well as at rest, prior analgesics and the response to treatment. Include patients who cannot communicate normally.

02 Combine approaches

Combine positioning, splinting and reassurance with medicines. Consider paracetamol, suitable anti-inflammatory drugs and regional techniques. Account for renal function, bleeding risk, allergies and the planned limb assessment.

03 Titrate & monitor

For severe pain, titrate short-acting analgesia according to the local protocol. Monitor breathing, sedation and circulation. Older adults and patients receiving other sedating medicines may need closer observation and more cautious titration.

04 Plan de-escalation

Reassess whether pain control enables breathing, sleep and mobilisation. Review the need for each medicine daily. At discharge, provide a clear dosing and taper plan, adverse-effect advice, safe storage information and a contact for unresolved pain.

WATCH POINT New or escalating pain needs a fresh clinical assessment. Increasing analgesia alone can miss a developing injury complication.

DISCUSS WITH THE TEAM

Which functional goal should improve today, and what monitoring will show whether the plan is safe?

READ THE SOURCES

[1] NICE NG39 (2016), airway management and pain assessment, sections 1.2 and 1.7.
[2] ACS: Acute Pain Management in Trauma Patients, assessment and multimodal care.

Educational summary for clinicians. Apply local protocols and patient-specific judgement.