Managing moderate and severe pain in Mountain Rescue

Official recommendations of ICAR MEDCOM

Intended for Mountain Rescue First Responders, Nurses, Paramedics, Physicians, and Rescue Organizations

Many casualties will require pain relief



Recommendation (1)

 Many health care providers fail to adequately recognize, assess and treat pain. Hence, assessment scales and treatment protocols should be implemented in mountain rescue services to allow for efficient and fast pain control.

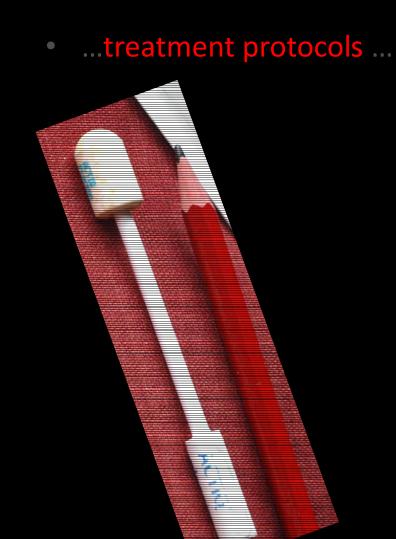
Assessment scales ... 'if 0 is no pain and 10 is the worst pain imaginable, what number would you give your pain?'

Ellerton JA, Greene M, Paal P.

The use of analgesia in mountain rescue casualties with moderate or severe pain.

Emerg Med J (2013)

Recommendation (1)



A protocol for giving fentanyl lozenges to adults in mountain rescue

Assess Pain Score

If > 6 at its worst, consider buccal fentanyl

Is there a contraindication to fentanyl?

YES

USE FENTANYL CAUTIOUSLY IF -

- Head injury with GCS = 15
- Chest injury with no or mild hypoxia
- Mild shock (see over)

DO NOT USE FENTANYL IF -

- Known allergy to fentanyl
- Patient taking ANY antidepressant drugs (see over)
- Injury to mouth or tongue
- Head injury with GCS <15
- Chest injury with SpO₂ <94% on air
- Moderate/Severe shock (see over)

NO

EXPLAIN WHAT YOU ARE DOING

- Explain to casualty that the lozenge contains a strong painkiller which is absorbed from the inside of the cheek. Emphasise that swallowing reduces the dose.
- 2. It will take about 15 minutes to work and can be repeated if necessary.

Ensure naloxone is available

Unwrap 800 mcg fentanyl lozenge Instruct casualty to gently rub lozenge up and down on inside against both cheeks, whilst twirling the stick, for about 15 minutes.

Observe for further 15 minutes. Minimise movement of casualty. Give O₂ & buccastem if appropriate.

Recommendation (2)

 Specific training in managing pain is essential for all mountain rescuers. Persons administrating analgesics, whether a healthcare professional or not, should receive appropriate detailed training.

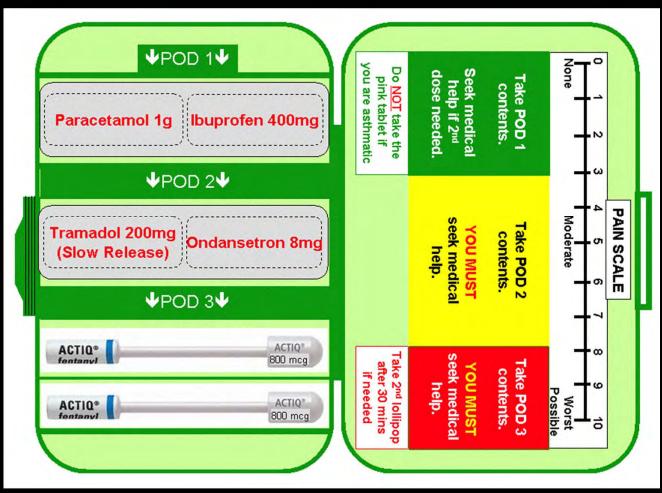
Recommendation (3)

 There is no ideal analgesic that will accomplish all that is expected in every situation. A range of drugs and delivery methods will be needed. Thus an 'analgesic module', reflecting its users and the environment should be developed either by the organization or the individual.



Recommendation (3)

... 'analgesic module'...



Recommendation (4)

 The number of drugs carried should be reduced to a minimum by careful selection and, where possible, utilizing drugs with multiple delivery options.

Recommendation (5)

 A strong opioid is recommended as the core drug for managing moderate or severe pain; a multimodal approach may provide additional benefits.

Conclusion

- Think how your organization manages pain? it's not just for the Physician/Doctor. There are lots of organizational and regulatory factors.
- Doctors are not always best placed to give the initial pain relief. Non-health care professionals can be trained.
- Audit your pain relief it's easy to do using the assessment scales. Are you doing as well as you could do? Are others doing better?

Thank you for listening