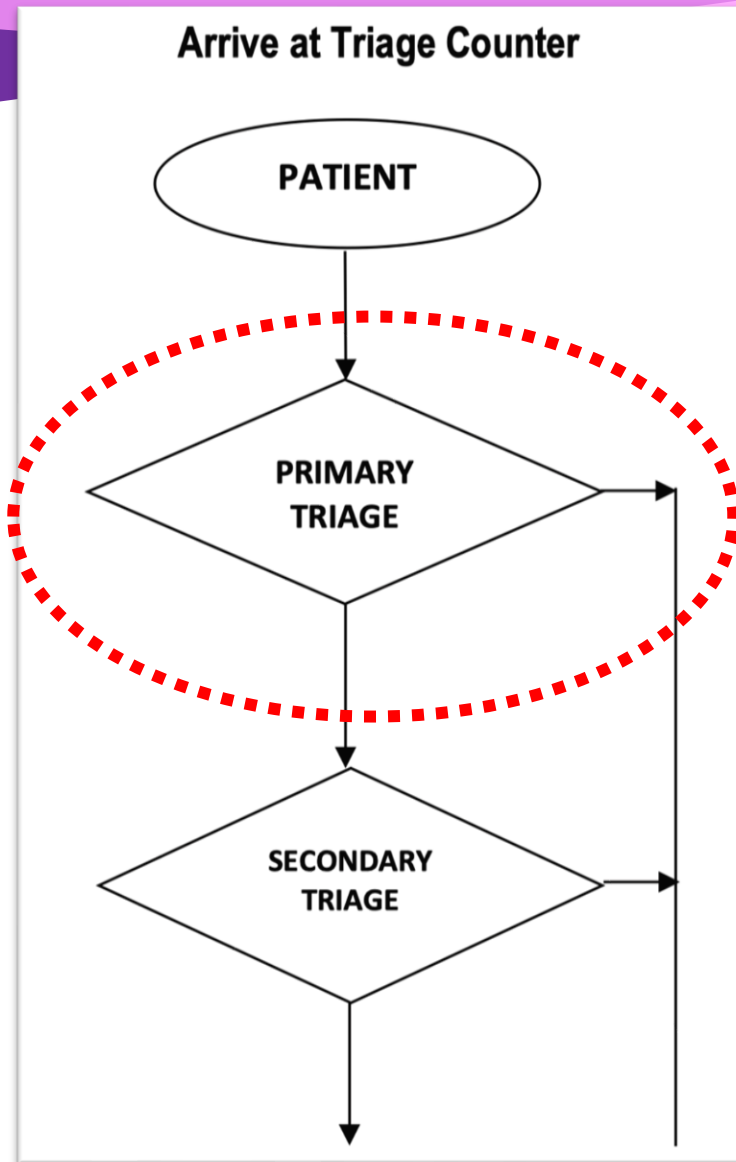




PAIN MANAGEMENT IN TRIAGE



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- All patients who come to ETD with pain as the main presentation must be **recognised, diagnosed and prioritised**.
- Triaging pain should be done immediately to reduce morbidity and mortality and given priority based on the pain score.
- **Primary triage is the first triage done on arrival to ETD**

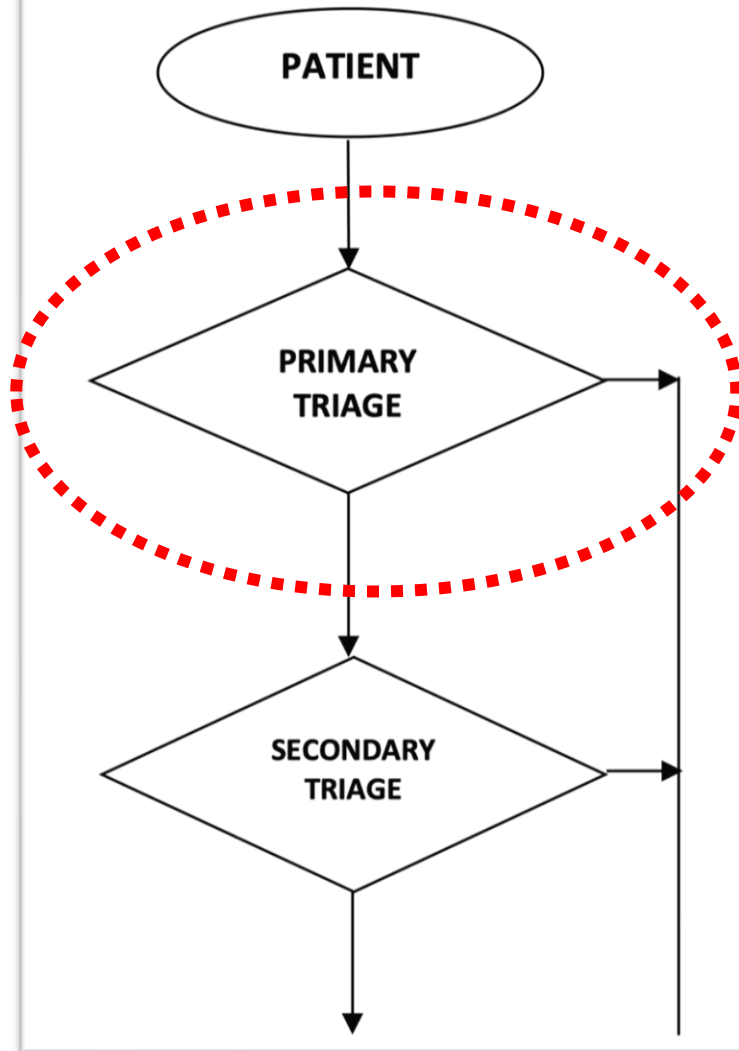
R-A-T model (approach)

Recognise
Assess
Treat

Begins at Triage



Arrive at Triage Counter



Aim at Primary Triage are:

- To recognize pain
- Institute Non Pharmacological Pain Management & Application of the Art and personality of the triageur

A. PAIN MANAGEMENT AT PRIMARY TRIAGE

How to recognize pain at Primary Triage?

EMPLOY **FIRST LOOK** CONCEPT

**PAIN SCORE
AS 5th VITAL SIGN**

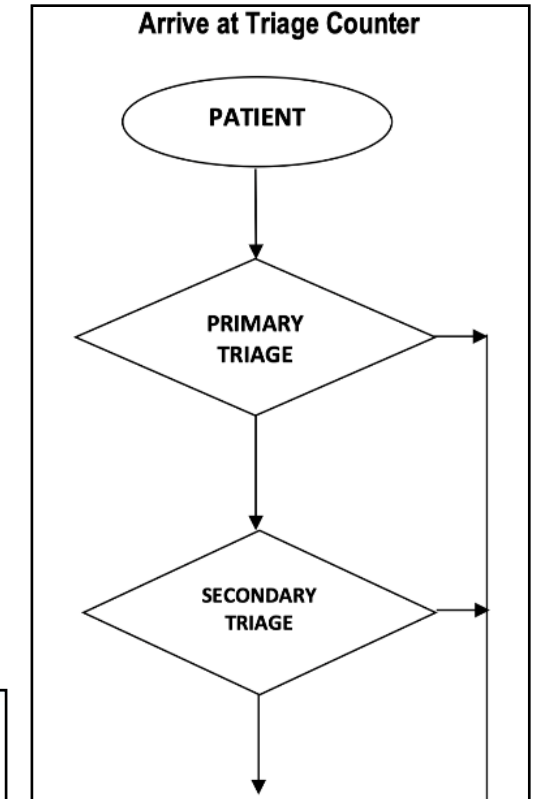
FIRST LOOK

1. Diagnose Pain (Stereotyping)
2. Grading Pain
3. FAQ



R-A-T model (approach)

Recognise
Assess
Treat



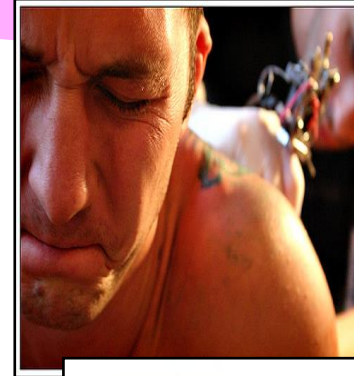
1. RECOGNIZE PAIN -STEREOTYPING PAIN – FIRST LOOK CONCEPT

EYEBALLING

Aim:

To recognize pain by visual stereotyping

- Facial expression/ Frowning e.g. grimacing
- Tears & Crying
- Reaction & Behavioural pattern:
 - Aggressive & Agitated
 - Shouting
 - Weak & lethargy
- Typical body posture
 - Leaning forward → e.g. Pancreatitis
 - Lying perfectly still → e.g. bowel perforation/peritonitis
 - Rolling around in agony → e.g. bowel/ ureteric colic
 - Limping → e.g. pain of affected limb
 - Universal sign of chest pain
 - Stiffness of the back → e.g. back pain



1. STEREOTYPING PAIN – FIRST LOOK CONCEPT

Obvious Clinical Signs

e.g.

- Inflammation/ abscess
- Fracture/swelling
- Bruises
- Wounds
- Red eyes
- Sweating
- Burn area



2. GRADING PAIN AT PRIMARY TRIAGE

PAIN SCORE AS 5th VITAL SIGN

FIRST LOOK

1. Diagnose Pain
(Stereotyping)

2. Grading Pain

3. FAQ

E.g.

- a. A sweating patient with chest pain
- b. Abdominal pain rolling in agony
- c. Limb pain with significant vascular injury
- d. Multiple sites stung by bees pain with SOB
- e. Severe burn in agonizing pain patient
- f. Penetrating chest injury with chest pain
- g. A sweating patient with abdominal pain



RED ZONE

3. FAQ PAIN AT PRIMARY TRIAGE

PAIN SCORE AS 5th VITAL SIGN

FIRST LOOK

1. Diagnose Pain
(Stereotyping)
2. Grading Pain
3. FAQ

To diagnose pain by FAQ

Brief targeted history of pain

- Onset
- Site
- Radiating pain
- Aggravating/ Relieving
- Nature & Progress
- Associated symptoms

4. NON PHARMACOLOGICAL MANAGEMENT & ART OF TRIAGEUR

b. Institute Non Pharmacological Pain Management & Application of the Art and Personality of the Triageur:

Holistic Pain Management

Non Pharmacological

Physical

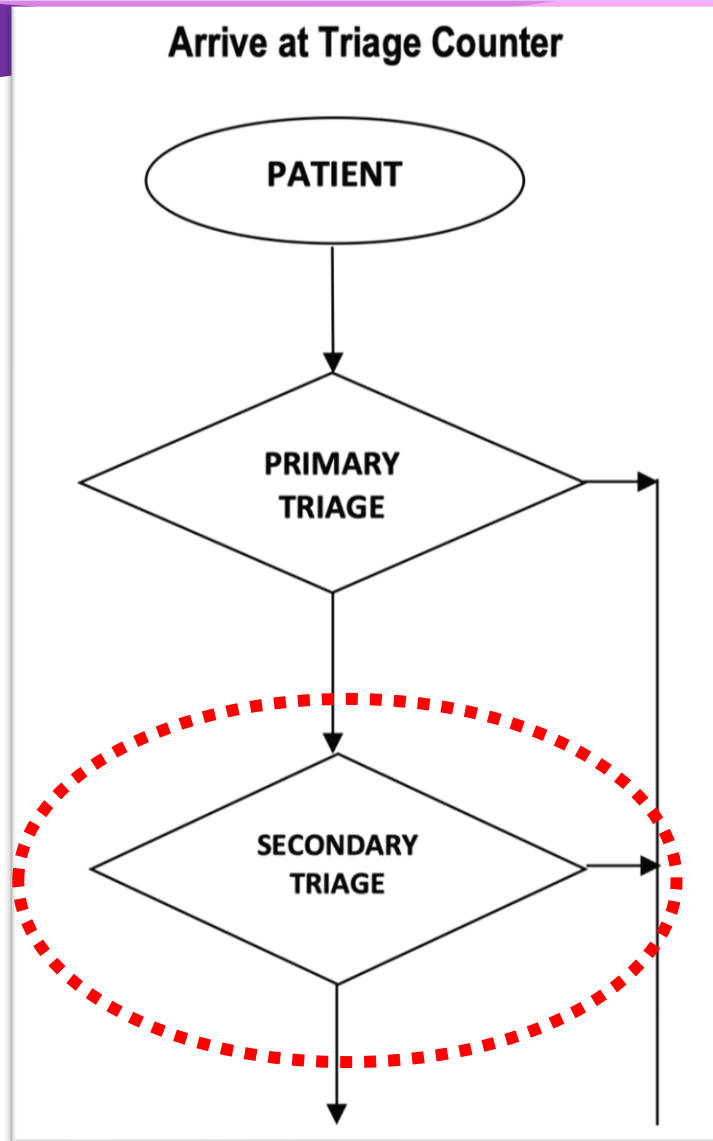
Wheel chair
Trolley
Immobilization
Cervical collar
Ice Pack
Bandage

Psychological

Reassurance
Rapport
Empathy
Eye contact
Listening
Gentle Handling
Enthusiasm
Interaction
Suggestion
Charisma



B. PAIN MANAGEMENT AT SECONDARY TRIAGE



- This is the second phase of triage where assessment being done subjectively and objectively.

Aim:

- a. To confirm pain
- b. To score the pain
- c. To aid in triage/prioritize
- d. To manage pain
 - Pharmacological
 - Non Pharmacological

Pain Assessment & Tools

1. MOH Pain Scale
2. Vital signs
3. Quick Assessment

PAIN SECONDARY TRIAGE ASSESSMENT & TOOLS

Pain Assessment & Tools

1. MOH Pain Scale
2. Vital signs
3. Quick Assessment



On a scale of '0' to '10' (show the pain scale)

If '0' = no pain, and '10' = worst pain you can imagine, what is your pain score now?

Patient is asked to show the severity of pain, which is recorded as a number (0 to 10)

**JABATAN KECEMASAN DAN TRAUMA
HOSPITAL TELUK INTAN
KEMENTERIAN KESIHATAN MALAYSIA**

**Emergency Dept
Hospital Teluk Intan**

EMERGENCY CLERKING SHEET

| | | | | | | |
|---|--|---|---|-------|---|---------------------|
| TIME : DATE : MY AD / MYKID : NAME : NE OF KIN : | PRIMARY TRIAGE | | REFERRAL FROM | | | |
| | TRIAGE (Please tick) <input type="checkbox"/> RED <input type="checkbox"/> YELLOW <input type="checkbox"/> GREEN G1 <input type="checkbox"/> G2 <input type="checkbox"/> G3 <input type="checkbox"/> G4 <input type="checkbox"/> | | Government Hospital Government Clinic Private Hospital / Clinic Others Specific : | | | |
| Presenting Complaint / Symptoms : | | | | | | |
| General Condition : | | | | | | |
| <input type="checkbox"/> Walk-in <input type="checkbox"/> Stretcher <input type="checkbox"/> On Wheel Chair <input type="checkbox"/> Brought in by passer-by <input type="checkbox"/> Alert <input type="checkbox"/> Breathless <input type="checkbox"/> Drowsy / Irritable <input type="checkbox"/> Weak <input type="checkbox"/> Others | | | | | | |
| Mode Of Arrival : <input type="checkbox"/> Ambulance <input type="checkbox"/> Own <input type="checkbox"/> Others (please specify) ... | | | | | | |
| Sender's Information : | | | | | | |
| SECONDARY TRIAGE | | Stamp & Sign (1 st triage officer) | | | | |
| C/O: | | | | | | |
| Has the pt visited any Healthcare Facility within the last 24 hours : YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | |
| If YES (Please elaborate) | | | | | | |
| Place of 1st visit : Time / date : | | | | | | |
| Past Medical History | | | | | | |
| <input type="checkbox"/> HTN <input type="checkbox"/> DM <input type="checkbox"/> Asthma <input type="checkbox"/> Epilepsy <input type="checkbox"/> CVA <input type="checkbox"/> Allergies <input type="checkbox"/> Others: Details..... | | | | | | |
| Please ensure all vital signs to be documented below | | | | | | |
| Time | BP | PR | RR | Temp. | SPO2 | Others Observations |
| Blood Glucose :mmol/L | | Pain Scale 0 1 2 3 4 5 6 7 8 9 10 | | | | |
| Blood Ketone :mmol/L | | nil mild moderate severe | | | | |
| Management / Others : | | | | | Allergy : Yes <input type="checkbox"/> No <input type="checkbox"/> Stamp & Sign (2 nd triage officer) | |

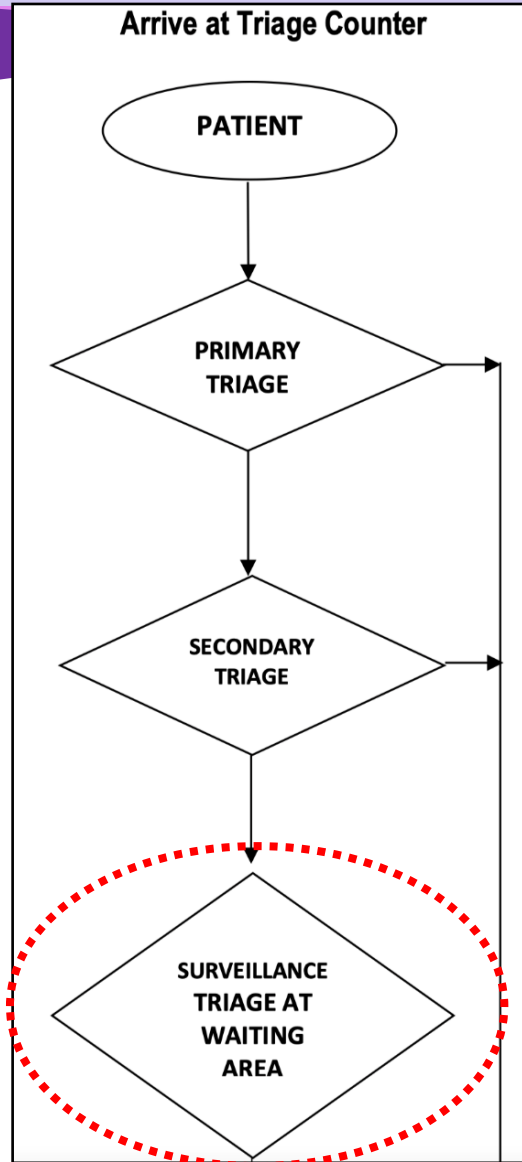
VITAL SIGNS

To confirm pain via quick Vital Signs and Examination

- Pulse Rate
- Respiratory Rate
- Blood Pressure
- Temperature
- Pain Score
- Signs e.g
 - Tachycardia
 - High Blood Pressure
 - Increased Respiratory Rate
 - Others:
 - Cold clammy peripheries
 - Dysfunction State (e.g. not able to walk or stand)
 - Rapid examination to rule out life threatening condition and to examine the site of pain)



SURVEILLANCE TRIAGE



Eagle Eye Observation

Review Patient in pain every 30 minutes

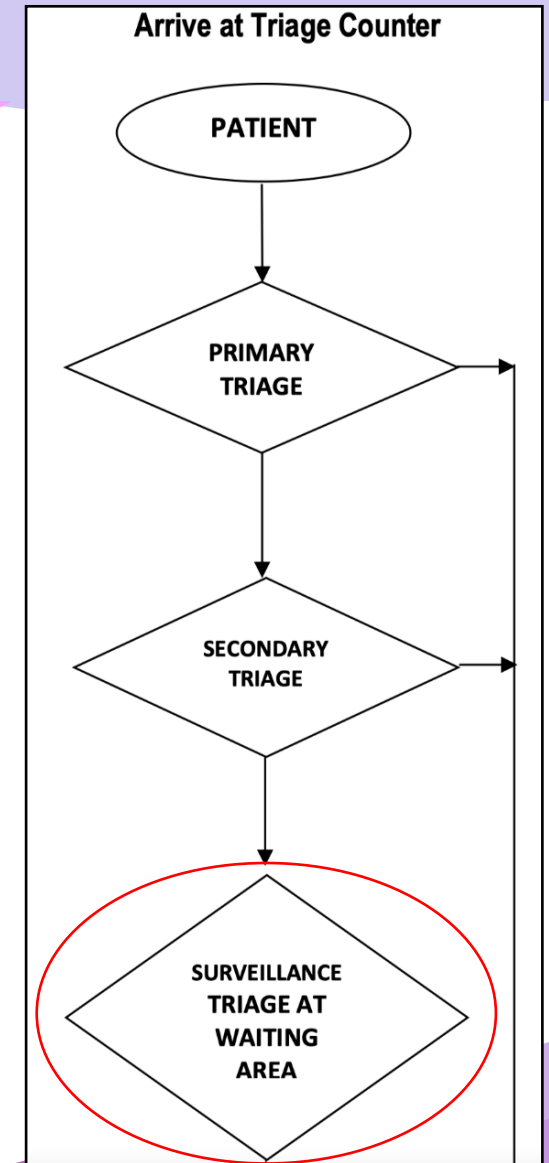
Educate patient to inform healthcare personnel if pain score persistently ≥ 4

SURVEILLANCE TRIAGE

- To ensure the continuity of care and to reassess the effectiveness of pain management given
- Should be up-triaged for rapid de-escalation of pain
- **Wait management** should be applied in the waiting area to further ease the patient's pain

Table 3: Wait Management and Non- Pharmacological Pain Management In Non-Critical Waiting Area

1. Adequate Waiting Area
2. Ideal "Wait Management Concept"
 - Spacious and good ventilation (fans, air-conditioning, room perfume/aromatherapy)
 - Proper and comfortable chair
 - Entertainment (Television, soft calming music)
 - Children play area
 - Breast feeding room
 - Small corner library for reading materials
 - Good PA System and regular housekeeping announcement
 - Observation Counter
 - Water Cooler to provide drinks
 - Regular pain re-assessment and analgesia accordingly



PHARMACOLOGICAL MANAGEMENT AT TRIAGE

Administration of Analgesia

- The choice of analgesia given is based on the pain score. The analgesia used at triage should be categorized into (refer table 2)

Medication prescribed by AMO

Medication prescribed by doctors

- Allergy and past medical history (e.g. liver failure, renal impairment etc.) should be obtained to avoid preventable side effects especially in special group of patients (paediatric, geriatric and pregnant woman). Doctor's consultation should be obtained before administration of certain medications.

Table 2: Examples of Analgesia Used In Triage

| Analgesia prescribed by AMO | Analgesia prescribed by Doctors |
|---|---|
| Oral / suppository Paracetamol Ethyl Chloride Spray Local Analgesia Application | NSAID Oral / IV Paracetamol Ethyl Chloride Spray Local Analgesia Application |



THANK YOU



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