

11.3 Control of pain

Physical, chemical and psychological factors may be specifically targeted in the management of pain. Any agent or technique that reduces pain is known as an *analgesic*.

Control of pain through psychological factors is usually the simplest and most effective method. Reassurance of the casualty and an efficient, professional management of injuries go a long way toward decreasing discomfort. Many medical studies have proven a direct correlation between pain and anxiety. Thus, **reassurance is always the first step in the management of any injury**. As part of reassurance, the patroller should attempt to have the casualty control and slow the rate of breathing.

Physical factors such as the splinting of fractures, dressing and bandaging of wounds and application of ice to soft tissue injuries are very helpful in decreasing the pain felt by the casualty, as well as minimising further injury.

Finally, the ever increasing understanding of the chemistry of pain allows specific pharmacological therapies at the various steps in interpretation of pain within the body. These may vary from simple analgesics such as aspirin and paracetamol through to extremely powerful and effective agents which are only used by medical specialists such as Anaesthetists.

In the general first aid and Ski Patrol environments the methods used are:

- reassurance and confidence;
- physical and mechanical means; and
- chemical and pharmacological agents, such as Penthrane and Entonox.

While reassurance and mechanical methods are part of the general management of the injured casualty, the decision on whether to use chemical means depends on the specific situation. As a general rule, if the casualty is experiencing undue discomfort, and consent is obtained for analgesia, it should be administered. A useful method of assessing a casualty's pain before offering pain relief, and which assists in identifying the reasons pain is present, is to use the mnemonic **PQRSTA**:

- **P** – What provokes or palliates the pain?

What makes it better or worse?

- **Q** – What is the quality of the pain?

Is the pain dull, aching, sharp?

- **R** – How does the pain radiate / refer?

Where is the pain? Is it moving?

- **S** – Severity

On their scale of 1 to 10, what level of pain is the casualty experiencing?

- **T** – Timing

When did the pain start? Does it come and go?

- **A** – Associated Signs and Symptoms

What are the associated signs and symptoms accompanying the pain?

Pain relief should not be offered to the casualty if it is not available. A pain relief agent must not be offered to a casualty for whom its use is contraindicated. All forms of chemical pain relief are contraindicated where the masking of pain is undesirable, or the level of consciousness is reduced, i.e.:



- head injury;
- drug or alcohol effects; or
- neck or spinal injury.

Specific contraindications for types of analgesia are detailed in the respective sections below.

