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On Pain Management

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Why do most of the people served by your EMS system call 911 in the first place? If you plug in a headset in any EMS communications center, you'll hear some common complaints. Something hurts, she can't breathe, he's having a seizure, we can't wake her up, he's not acting right or a car just crashed.

Now, look through your protocol manual or the class schedule for your EMT or paramedic training program. You'll see lots of education and protocols designed to handle all kinds of breathing problems, causes of altered consciousness, trauma, cardiac issues, seizures, diabetes and the like, but you won't find much that addresses pain directly.

Except for the few pain management suggestions built into protocols for conditions such as chest pain, in most EMS systems, pain management is not taken seriously, even though pain is one of the most common reasons that people call for help.

I've been asking folks in EMS systems around the country why we don't take responsibility for the management of pain with the same gravity that we do the immobilization of spines? I've been told:

- No one ever died from pain.
- Pain is the key to diagnosis in the ED. If we relieve their pain, we'll interfere with diagnosis at the hospital.
- We are in the business of saving lives; we're not here to make people feel better.
- You're just one of those warm and fuzzy, touchy-feely, left coast liberals who want everyone to feel better. Isn't that sweet?

The Institute for Healthcare Improvement conducted a major study a couple of years ago designed to improve end-of-life care. They evaluated hospice patients whose pain was so severe that they were transferred by ambulance to the hospital just for the management of their pain. From the time the patient was admitted to the hospital, it took an average of 110 minutes for medical staff to give the patients their first dose of pain medication. This delay caused one of the physicians directing the project to say, "I'm tempted to give a lecture where all the doctors in the audience sit on thumb tacks, nails and broken glass. Then I'll just stand there for 110 minutes letting them sit there."

Fortunately for people in pain, some EMS physicians take the relief of suffering seriously. Laurie Romig, MD, from Sunstar EMS in Pinellas County, Florida, has just introduced additional medications and protocols for the management of pain.

For the last six years, Art Kanawitz, MD, the medical director for Pridemark Paramedics in Colorado, has been using aggressive protocols to have his medics deliver patients to the hospital pain-free. He plans to publish the results of Pridemark's experience soon.

I've been fortunate to escape the experience of severe pain during my life. If some kidney stone does decide to rip its thorns along the walls of my ureter some day, I hope that it happens in an EMS system where they really care about pain management. If they don't, I will have a seat saved just for their medical director in a special 110-minute-long lecture.

More from Mike is available at www.miketaigman.com.

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