

TREATING YOUR PAIN

**In our Emergency Department we take your pain seriously.
We aim to treat your pain quickly and effectively.**

Principles for treating pain in our Emergency Department

We will use the most appropriate pain control for treating your pain.

The choice of pain medication will depend on:

- a careful assessment of your pain,
- your previous response to pain medications,
- other conditions you may have.

Please tell us if you have had allergies or reactions to any medications in the past.

The emergency department staff will check that your pain medication is working effectively.

What you can do

TELL the doctor, nurse or pharmacist:

- when you last took pain medication and how much you took
- what medication you normally take at home (including alternative or complementary medicines eg. vitamins etc)
- about previous allergies or reactions you have had to medications

ASK the doctor, nurse or pharmacist:

- for an explanation about any medications that you are given
- what you should do about pain control when you go home

For severe pain in the Emergency Department strong (opioid) pain medications may be required. Morphine is the preferred opioid medication. Pethidine is usually not the best choice for pain control.

Why Pethidine is not recommended¹

- Pethidine has a shorter duration of action than morphine with no additional benefit
- Pethidine is broken down in the body to a substance, which has possible toxic effects (eg convulsions) especially if you have kidney problems.
- Pethidine can have serious interactions with other drugs
- Pethidine can be addictive

Note:

There are safer alternatives than pethidine if you are allergic to morphine.



For further information refer to:

1. National Health and Medical Research Council. Acute pain management scientific evidence. Canberra: Commonwealth of Australia, 1999. (Online access available via NHMRC website, www.nhmrc.gov.au or via link from TAG website)



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