

## Managing pain in trauma and critical care patients.

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Pain is a common symptom experienced by trauma and critical care patients. Managing pain is an important aspect of patient care, as uncontrolled pain can have negative effects on patient outcomes. In this article, we will explore strategies for managing pain in trauma and critical care patients. The first step in managing pain in trauma and critical care patients is to assess the patient's pain level. Pain assessment tools, such as the Numeric Rating Scale (NRS) or the Visual Analog Scale (VAS), can be used to help patients rate their pain on a scale from 0 to 10. It is important to assess the patient's pain regularly, as pain levels can change quickly in critically ill patients. Pain assessment should be a part of the routine nursing assessment and documented in the patient's medical record [1].

Pharmacologic management is the most common method used to manage pain in trauma and critical care patients. Analgesics, such as opioids, nonsteroidal anti-inflammatory drugs (NSAIDs), and acetaminophen, are commonly used to manage pain. Opioids are the most potent analgesics and are often used to manage severe pain. However, opioids can have side effects such as respiratory depression, sedation, and gastrointestinal distress. Therefore, they must be used with caution, and the patient's respiratory status must be closely monitored [2].

Non-opioid analgesics such as NSAIDs and acetaminophen are often used for mild to moderate pain. These medications have fewer side effects and are generally considered safer than opioids. Non-pharmacologic methods can also be used to manage pain in trauma and critical care patients. These methods include: Proper positioning can help relieve pain and reduce pressure on the affected area. Distraction techniques, such as music therapy, guided imagery, or virtual reality, can help reduce pain perception [3].

Massage and touch therapy can help reduce pain and anxiety in critically ill patients. Heat and cold therapy can be used to relieve pain and swelling in certain types of injuries. Pain

management is an important aspect of patient care in trauma and critical care settings. Pharmacologic management with analgesics is the most common method used to manage pain. However, non-pharmacologic methods can also be used in conjunction with pharmacologic management to provide more comprehensive pain management [4].

It is important to assess pain levels regularly and adjust pain management strategies as necessary. Nurses should be aware of the potential side effects of analgesics and closely monitor patients for adverse effects. By effectively managing pain, healthcare providers can improve patient comfort and outcomes in trauma and critical care settings [5].

### References

1. Fujii T, Luethi N, Young PJ, et al. Effect of vitamin C, hydrocortisone, and thiamine vs hydrocortisone alone on time alive and free of vasopressor support among patients with septic shock: the VITAMINS randomized clinical trial. *Jama*. 2020;323(5):423-31.
2. Moskowitz A, Huang DT, Hou PC, et al. Effect of ascorbic acid, corticosteroids, and thiamine on organ injury in septic shock: the ACTS randomized clinical trial. *Jama*. 2020;324(7):642-50.
3. Singer M, Deutschman CS, Seymour CW, et al. The third international consensus definitions for sepsis and septic shock (Sepsis-3). *Jama*. 2016;315(8):801-10.
4. Bermejo-Martin JF, Andaluz-Ojeda D, Almansa R, et al. Defining immunological dysfunction in sepsis: A requisite tool for precision medicine. *Journal of Infection*. 2016;72(5):525-36.
5. Eckerle M, Ambroggio L, Puskarich MA, et al. Metabolomics as a driver in advancing precision medicine in sepsis. *Pharmacotherapy: The Journal of Human Pharmacology and Drug Therapy*. 2017;37(9):1023-32.

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Received: 21-Mar-2023, Manuscript No. AATCC-23-97851; Editor assigned: 22-Mar-2023, PreQC No. AATCC-23-97851(PQ); Reviewed: 06-Apr-2023, QC No. AATCC-23-97851; Revised: 10-Apr-2023, Manuscript No. AATCC-23-97851(R); Published: 17-Apr-2023, DOI:10.35841/2591-7358-7.2.144

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