



AUSTRALASIAN COLLEGE  
FOR EMERGENCY MEDICINE

**POLICY**

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# AUSTRALASIAN COLLEGE FOR EMERGENCY MEDICINE

## AUSTRALIAN COLLEGE OF EMERGENCY NURSING

## COLLEGE OF EMERGENCY NURSING AUSTRALASIA

### JOINT POLICY STATEMENT EMERGENCY DEPARTMENT PAIN MANAGEMENT

#### **1. PURPOSE AND SCOPE**

Pain is the primary complaint for the majority of people who present to the emergency department for treatment of medical conditions or injuries. Pain management should be given a high priority in the provision of care.

Pain management is a fundamental component of quality patient care.

#### **2. POLICY**

Emergency departments will have systems in place to support best practice management for acute pain that includes early assessment of pain, provision of timely and appropriate analgesia or non-pharmacological treatment and ongoing monitoring to assess the effectiveness of pain management.

#### **3. PROCEDURE AND ACTIONS**

- 3.1 Emergency departments will have robust procedures in place for pain management that are consistent with the best available evidence, including referral to long-term pain management services as appropriate. This includes standardised protocols, nurse-initiated analgesia policies and referral to chronic pain services.
- 3.2 Emergency departments will have standardised evidence based processes to document severity of pain and the ongoing management of pain.
- 3.3 Emergency departments are responsible for regular monitoring of key clinical indicators related to best quality pain management (assessment, timeliness to intervention, and reassessment).
- 3.4 Pain management shall be included in the emergency department core curriculum for both nursing medical and other health care disciplines that work within the emergency department care team.
- 3.5 Emergency clinicians will advocate for quality pain management across all professional disciplines.

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- 3.6 Nursing medical and other health care disciplines shall ensure that patients and carers are well informed about their pain management options, and be involved in the decision making process concerning their (or their dependants) pain management.
  - 3.7 Pain assessment and management will be based on the presentation of pain and not be biased by issues of culture, gender, age, substance use, chronic conditions, cognitive behavioural and or sensory impairment.
  - 3.8 Research will be encouraged in areas of emergency department pain management where there is considered to be variation in clinical practice, issues of patient safety or the trialling of new interventions.

#### **4. DATES AND NOTES**

*Approved by Council: November 2009*

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34 Jeffcott Street West Melbourne VIC 3003

Ph: 61 3 9320 0444 Web: [www.acem.org.au](http://www.acem.org.au)