

Continuing Professional Development

Pre-hospital analgesia

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Approximately one third of all patients injured pre-hospital complain of moderate to severe pain. Considerations need to be provided for each individual patient in relation to the selection of analgesic, route of administration and dosage, as inadequate treatment of pain can adversely affect the patient, resulting in them becoming tachycardic, tachypnoeic, hypertensive and even combative. Whilst TCCC priorities and the survivability of patients remains unchanged, adequate and appropriate use of pre-hospital analgesia facilitates a more positive experience for patients and can assist clinicians in their therapeutic and diagnostic processes.

These online review questions linked to in the QR code will be featured every in issue of *JHTAM* to offer remote, austere, pre-hospital clinicians an opportunity to test their knowledge about their practice.

Suggested reading

American Society of Health-System Pharmacists. Ketamine use in prehospital and hospital treatment of the acute trauma patient: a joint position statement; 2020 Apr 29.

Botea MO, Bimbo-Szuhai E. The role of ketamine in trauma. In: Saiz-Sapena N, and Gil MG, editors. Ketamine revisited – new insights into NMDA inhibitors. Intechopen; 2022.

Joint Trauma System Clinical Practice Guideline (JTS CPG). Prolonged casualty care guidelines; 2021.

Joint Trauma System Clinical Practice Guideline (JTS CPG). Analgesia and sedation management during prolonged field care; 2017.

Thomas SH, Shewakramani S. Prehospital trauma analgesia. *J Emerg Med* 2008;35(1):47–57.

Yousefifard M, Askarian-Amiri S, Alavi SNR, Sadeghi M, Saberian P, Baratloo A, Talebian MT. The efficacy of ketamine administration in prehospital pain management of trauma patients: a systematic review and meta-analysis. *Arch Acad Emerg Med* 2019 Oct 30;8(1):e1.

