

PAIN MANAGEMENT AND OPIOIDS IN THE EMERGENCY DEPARTMENT

The goal of the emergency physicians is to bring your pain to a tolerable level and make you comfortable and functional while your body heals.

Emergency physicians use both opioid or narcotic pain medications and non-opioid medications to manage pain in their patients.

What to expect regarding pain control in the emergency department

By the very nature of their practice, emergency physicians are experts in the management of acute pain. They understand the different sources of pain, the different options for managing pain and most importantly how to individualize a treatment to a patient's needs.

Prolonged use of opioids can actually do the opposite of what they are designed for and create – rather than treat – pain.

Emergency physicians recognize the epidemic of opioid deaths and dependency in the United States, because they are the ones on the front lines treating these patients when they overdose. They also see how patients with acute injuries and certain medical conditions can suffer from under-treated pain. This is why emergency physicians employ such a wide range of treatments for patients including: local anesthetics, opioids, non-steroidal anti-inflammatories (NSAIDs), acetaminophen combinations plus many more interventions. Medications are just one piece of the puzzle in your treatment. Your physician may recommend additional remedies like ice, elevation, splints, numbing patches, creams or other treatments to make you feel better.

The differences between narcotic and non-narcotic pain relievers

Opioids/opiates (or narcotic pain relievers) treat acute pain and are essential options in the care of certain injuries and illnesses. They also have potentially dangerous side effects and can lead to addiction if misused. In addition, prolonged use of opioids can actually do the opposite of what they are designed for, and create – rather than treat – pain. Opioids always require a doctor's prescription.

Non-narcotic pain relievers include acetaminophen and non-steroidal anti-inflammatories (NSAIDs), such as ibuprofen and naproxen. Non-steroidal anti-inflammatory drugs work on pain by reducing the inflammation causing the pain. Both can be effective at treating certain types of pain, but like any drug, they can cause problems if used incorrectly, such as stomach problems and liver damage. While emergency physicians can prescribe prescription-strength acetaminophen and anti-inflammatories, acetaminophen and NSAIDs are also available over-the-counter.

Your emergency physician will choose the right type of pain relief for whatever brought you to the emergency department.



IF YOU ARE PRESCRIBED OPIOIDS/OPIATES IN THE EMERGENCY DEPARTMENT

Opioid pain medications have the potential for long-term problems. If your emergency physician prescribes opioids for you, please remember these four things:

One: Only take the minimum amount needed to control your pain.

Two: Never take more opioids than instructed.

Three: Avoid taking opioids and benzodiazepines together. Benzodiazepines are anxiety treatment medications such as lorazepam (Ativan), diazepam (Valium) and alprazolam (Xanax).

Four: Avoid combining opioids and alcohol.

Patients who have a history of opioid and other drug dependence should alert their emergency physician right away so proper pain management strategies can be arranged.

Your safety is the top priority. Again, if you take an opioid pain medication, use it only as directed and only for the minimum amount of time needed for your pain to be tolerable.

