SURGERY

ACUTE PAIN MANAGEMENT - REVIEW OF **CURRENT CONCEPTS**

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Abstract: Perception of pain in children is complex and often remains underrated and untreated. It entails many physiological, psychological, behavioral and developmental factors. Pain management requires identification of the source and assessment of the intensity of pain.

This review article discusses some of the common age specific pain assessment tools used in practice to grade the severity of pain and how to plan the patient specific analgesic regimes. It has also reviewed the different methods currently used for acute pain management and the pharmacological aspects of various analgesics used in children.

Keywords: Acute pain, Management, Children.

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Points to Remember

- Pain in children is underrated and undertreated.
- The source of pain must be identified, followed by assessment of severity.
- Analgesic drugs can be broadly divided into-opioid, non opioid analgesics and adjuvant drugs.
- Optimal combinations of opioid and non opioid analgesics are used to maximise pain control with minimal drug induced side effects.
- Paracetamol either alone or along with NSAIDS form the mainstay of treatment for mild to moderate pain and weak opioids (codeine, oxycodone, hydrocodone and tramadol) for outpatient management of moderate pain.
- Severe pain is ideally treated with opioids like morphine in the hospital setting where it can be used with precautions.
- Opioids may be largely grouped as agonist, partial agonist and agonist-antagonist. The latter agents have less potential for side effects like respiratory depression and lesser potential for abuse.
- Adjuvant analgesics derived from diverse pharmacologic classes like antispasmodics, clonidine etc. are now used to manage non-malignant pain.
- Local anaesthetics are widely used nowadays for topical analgesia, intraoperative pain management and post operative pain.
- Non-pharmacological techniques of pain management should be utilized in children in appropriate situations.

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