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St John

Providing pain management

back to Contents

Contents

back to Contents

As a Registered Training Organisation, St John Ambulance Australia Inc. (RTO 88041) has developed this resource to facilitate training in the provision of pain management.

This resource aims to teach first aiders the knowledge required to effectively manage a patient with pain, within the first aid environment. This includes administration of restricted analgesic drugs within medically supervised organisations, and the application of medications within workplaces.

The first aider will learn how to: identify and assess pain with useful mnemonics; the classification of drugs; the legal requirements when stocking and administering drugs; the considerations to be known when giving drugs, and the first aid protocols when administering certain drugs.

The administration of an analgesic drug by a first aider must be undertaken within the regulations set down by State and Territory governments, and within their scope of knowledge.

Each State and Territory has their own set of laws and regulations that govern what analgesic drugs may be purchased, administered and stored. This booklet will provide you with sufficient knowledge to safely and competently provide pain management with a standardised list of drugs.

Check with your St John State or Territory Office for guidance on the administration of drugs in your area.

Online resources

- Australian Pain Management Association www.painmanagement.org.au
- Chronic Pain Australia www.chronicpainaustralia.org.au
- Therapeutic Goods Administration, Department of Health www.tga.gov.au/industry

About pain

All pain is an individual human experience that is entirely subjective and can only be truly appreciated by the person experiencing the pain.

Acute pain

- Acute pain starts suddenly and is usually short-term—the pain normally fades and stops as the injury or damage heals.
- Acute pain is usually a result of an injury or illness causing some form of tissue damage or swelling.
- Acute pain is a useful alarm system—it alerts us that some action is needed.
- The role of acute pain is to stop us doing things that cause, or might cause, damage to our bodies.

Chronic pain

- Chronic pain lasts longer—it continues beyond the time of expected recovery.
- It can last for weeks, months or even years.
- Chronic pain may be due to an ongoing condition or disease eg arthritis, or nerve damage.
- It can be constant, or the pain may vary, or come and go.

Causes of pain

The causes of pain can be many—from abrasions, bruises and sprains, to skin infections, non-traumatic back or chest pain or traumatic injuries from falls or collisions.

Irrespective of the cause of the pain, a thorough pain history and assessment of pain severity is required.

Movement, isolation, fear and physical discomfort can make pain worse.

What relieves pain?

Before administering an analgesic drug, the first aider should first try the following:

- immobilisation, eg a resting patient, supporting an injury
- comfort, eg reassurance, distraction
- ice or heat may be used depending on the cause of the pain and the relief it provides.

The benefits of pain relief

If patients are obviously in pain but state they don't need any pain relief, promote the benefits of taking an analgesic drug, which may:

- ease the intensity or concentration of pain
- improve their quality of life
- promote healing.

The aim of providing analgesia is to reduce a patient's discomfort and suffering, or to change their perception of their pain—rather than the abolition of pain. Ongoing pain should be referred for a medical opinion.

back to Contents

Identifying pain

Identifying and assessing the level and intensity of pain, will help the first aider manage the patient's pain at a basic level. Remember that pain is subjective and can only be described by the patient.

The first aider should ask the patient for a history of the pain, noting such factors as:

- time of onset
- the location
- the intensity
- is there a pattern—continuous pain or intermittent?
- the quality of the pain—is it burning, sharp, etc?
- are there any factors that relieve or intensify the pain?

Different *pain mnemonics* may be used by the first aider to help remember the steps for identifying pain.

OPQRST

origin	Where did the pain begin?
provocation	What brings on this pain? What makes this pain worse? What can you do to make this pain better?
quality	Can you describe the pain?
region/**r**adiation	Where is the pain? Does it go anywhere else?
severity	Different people feel pain differently. Ask the patient for a score between 0–10 (use one of the tools below to assist in assessing the severity of the pain).
timing	When did the pain start? Was the onset sudden or gradual? Have you ever had this pain before? If so, what did you do to relieve it? Is the pain constant or does it come and go?

DOLOR

description	What does the pain feel like (sharp, burning, crushing, gripping etc)? Have you had this pain before?
onset	When did the pain start? What were you doing when the pain started? How long have you had the pain for? Does it vary in intensity? Is it there all the time?
location	Where is the pain? Does it go anywhere else?
other signs and symptoms	Do you have any breathlessness? Any coughing? Any nausea/vomiting/diarrhoea? (As applicable to the patient's current condition.)
relief	Does anything you do help the pain, such as placing yourself in a certain position? If so, what's the position and for how long? Have you taken anything for the pain?

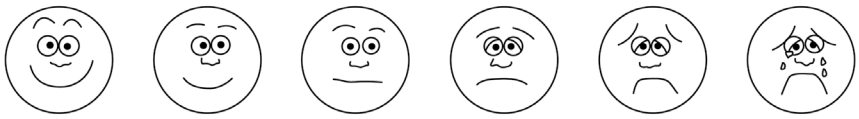
Assessing pain

There are a number of different tools to assess the severity of a patient's pain. The key is to routinely ask the patient if they have pain; to obtain a pain history, and to assess the severity of pain.

ASSESSMENT TOOL	PAIN MEASUREMENT	PAIN RELIEF GOALS
Verbal/numerical rating		
• Ask the patient how they would score their level of pain, between 0—10: 'On a scale of zero (0) to ten (10), how much pain do you have if zero equals no pain and ten equals the worst imaginable pain'? • Record their answer as ___ / 10.	• mild = 1–3 • moderate = 4–6 • severe = 7–10	• A decrease in pain score by two or more points (eg from 9 to 7) • A decrease in pain score by 30% or more (eg from 6 to 4) • A final pain score less than 3
Verbal rating		
• If the patient is unable to give a number, ask them if it is 'mild', 'moderate' or 'severe'.	• none = 0 • mild = 1 • moderate = 2 • severe = 3	• A decrease in pain from severe to moderate (or lower) • A decrease in pain from moderate to mild (or lower) • A decrease in pain from mild to no pain
Visual indication		
• Use a 10 cm (100 mm) ruler, and ask the patient to point along the ruler where their level of pain is. • Pain is measured in millimetres	• mild = 1–39 mm • moderate = 40–69 mm • severe = 70–100 mm	• A 30% or more reduction in pain score (eg from 70 to 59 mm) • A final pain score 30 mm or less

ASSESSMENT TOOL	PAIN MEASUREMENT	PAIN RELIEF GOALS
Pain faces		
Using images of faces depicting *No hurt* to *Hurts worst*, is useful to use with children, and may also be used with adults or persons with language/ comprehension barriers. • Explain to the person that each face is for a person who has no pain (hurt), some pain, or a lot of pain. • Remember that on Face 10, the person does not have to be crying. • Ask the person to choose the face that best describes how much pain they have.	• mild = Faces 0 and 2 • moderate = Face 4 and Face 6 • severe = Face 8 and Face 10	• A decrease in pain score by 2 or more (eg Face 8 to Face 6) • A final pain score of 2 or less (eg Face 2 to Face 0)

Wong-Baker FACES® Pain Rating Scale



0	2	4	6	8	10
No Hurt	Hurts Little Bit	Hurts Little More	Hurts Even More	Hurts Whole Lot	Hurts Worst

Drug administration

A drug is a substance that causes a physiological effect or change when introduced or administered into the human body. All drugs have the potential to cause undesirable effects or harm to patients.

The Poisons Standard (Standard for the Uniform Scheduling of Drugs and Poisons, ***Therapeutic Goods Act 1989*** [Act No.21:1990]) is designed to protect the patient, and the first aider administering the drug. If the guidelines of the Standard are not adhered to, the first aider may be open to prosecution.

Australian standards for drugs and poisons

The *Australian standards for the uniform scheduling of drugs and poisons* recommends the classification of drugs and poisons for State and Territory legislation. It includes provisions about containers and labels, exempt products, and recommendations about other drugs and poisons. The decision to include a substance in a Schedule takes into account the purpose of use, potential for abuse, safety in use, and the need for the substance. Seepage 6

Non-prescription drugs (Schedule 3 drugs)

First aiders may store small quantities of non-prescription drugs (subject to State/Territory legislation and organisation requirements). These may be administered to patients upon request. Drugs that fall into the non-prescription category include:

- minor analgesics such as paracetamol, for pain relief
- antacids to relieve heartburn
- reliever (asthma) drugs
- saline for eye irrigation.

A workplace first aider should be aware of their organisation's policy on keeping drugs on the premises—if policy states that drugs must not be stored in a first aid room or first aid kit, or administered by the workplace first aiders, the responsibility is with employees to provide their own non-prescription medication.

Prescription medication (Schedules 4 and 8 drugs)

Dispensing a prescription drug requires a prescription to be written by a doctor. A first aider must not, under law, prescribe drugs for a patient. A written order from a medical practitioner must be provided to allow a prescription drug to be stored or administered by a first aider (unless otherwise permitted under State/Territory legislation).

In workplaces where a health nurse or a doctor is employed, controlled drugs (Schedule 8) can be kept on the premises.

The Poisons Standard stipulates that prescription drugs must be:

- stored separately under lock and key
- recorded in a specified register
- prescribed by a doctor and checked by two people before being administered
- checked daily, recorded and signed for by two people to ensure correct quantities are stored.

Australian standards for the uniform scheduling of drugs and poisons

SCHEDULE	TITLE	INFORMATION
Schedule 1		This Schedule is intentionally blank.
Schedule 2	Pharmacy Medicine	Substances, the safe use of which may require advice from a pharmacist and should be available from a pharmacy or, where a pharmacy service is not available, from a licensed person.
Schedule 3	Pharmacist Only Medicine	Substances, the safe use of which require professional advice but which should be available to the public from a pharmacist without a prescription.
Schedule 4	Prescription Only Medicine, or Prescription Animal Remedy	Substances, the use or supply of which should be by or on the order of persons permitted by State or Territory legislation to prescribe and should be available from a pharmacist on prescription.
Schedule 5	Caution	Substances with a low potential for causing harm, the extent of which can be reduced through the use of appropriate packaging with simple warnings and safety directions on the label.
Schedule 6	Poison	Substances with a moderate potential for causing harm, the extent of which can be reduced through the use of distinctive packaging with strong warnings and safety directions on the label.
Schedule 7	Dangerous Poison	Substances with a high potential for causing harm at low exposure and which require special precautions during manufacture, handling or use. These poisons should be available only to specialised or authorised users who have the skills necessary to handle them safely. Special regulations restricting their availability, possession, storage or use may apply.
Schedule 8	Controlled Drug	Substances which should be available for use but require restriction of manufacture, supply, distribution, possession and use to reduce abuse, misuse and physical or psychological dependence.
Schedule 9	Prohibited Substance	Substances which may be abused or misused, the manufacture, possession, sale or use of which should be prohibited by law except when required for medical or scientific research, or for analytical, teaching or training purposes with approval of Commonwealth and/or State or Territory Health Authorities.

back to Contents

In some remote area situations, both onshore and offshore, first aid kits containing various restricted medications are allowable, but must be kept locked. The types of situation involved may include the Royal Flying Doctor Service, maritime services, an offshore boat or offshore drilling platform. A person is nominated to be responsible for the contents and for the restricted drugs. These drugs may be administered only when approval by a doctor has been given. Due to the remoteness, this approval is usually verbal and the order must be recorded in detail.

Documentation

It is vital that first aiders fully document all incidents where advice or treatment relating to first aid, is sought. Maintaining good, accurate. records is necessary:

- for proper clinical management
- because the law requires such records
- to protect the first aider against possible litigation and prosecution
- to protect individuals and organisations if there is any disagreement or controversy
- to provide information to allow researchers to evaluate injury and illness trends.

Documents should:

- be accurate and legible
- be written at the time of treatment
- be written in ink and never erased (if a mistake is made, do not use correction fluid—cross it out with a single line ensuring that the original writing can still be read, and sign and date the correction)
- contain facts as stated by the patient
- not record opinions or hearsay (unless relevant, ensure that it is clearly an opinion or comment, eg 'A witness stated/commented that ...')
- be validated and signed by the patient, if possible.

Documentation must be accurate and include:

- brief personal details (patient's name, date of birth, address, phone numbers)
- any allergies
- drugs currently being taken
- a history of the injury or illness (what happened? how, where and when?)
- past medical history
- observations – the patient's breathing, pulse, level of consciousness, level of pain, any other signs (what you can see) and symptoms (what the patient feels)
- your assessment of the patient's injury or illness
- what first aid treatment was given (eg wound dressings, medication, referral to medical attention)
- the first aider's name and signature.

Documentation should be given to the appropriate people:

- health care professionals (eg ambulance officers, emergency services)
- official first aid providers (eg at sporting events or emergencies)
- human resources departments (for workplaces).

TREND is a mnemonic to use to ensure correct and full documentation of drug administration:

time given
route of administration
effect (if any)
name of the medication
dose given

Expiry dates

It is the responsibility of the first aider to check drug expiry dates (including non-prescription drugs). Some drugs have a limited shelf life once opened; for example, eye preparations (1 month) and angina medication (eg Anginine; 1 month on opening).

Drugs should be stored according to the directions on the label. Any expired or unwanted drugs must be disposed of correctly—usually to a pharmacy, however some drugs/organisations will have specific policies about disposal.

Storage

All drugs should be stored in a locked cabinet that is not easily removed, ie, the cabinet is bolted to a wall or the floor. Access to the cabinet should only be granted to those authorised to administer drugs. The first aider is responsible for regularly auditing drug stock.

Drug Register

It is a requirement that a Drug Register is kept for all medications in a workplace, particularly any Schedule 4–8 drugs. This register should be stored in a locked cabinet with the drugs, and should be used:

- every time a drug is placed in, or removed from the drugs cabinet
- whenever a drug is used
- to record stock levels and their use.

See sample form onpage 22

Considerations when administering drugs

Prior to the administration of any drug to any patient, a series of assessments and safety checks must occur. These include:

- safety (of drug storage, form and delivery equipment)
- need vs benefit,
- contraindications, precautions and adverse reactions
- patient consent and communicating with the patient. If possible, the first aider must obtain parental/guardian approval for any child under the age of 18 years.

These assessments and checks are intended to safely guide and prompt the first aider through the administration process to ensure an optimal outcome for patient.

When assessing a patient who may require a drug, it is important to consider the 'big picture' and not become solely focused on the administration component of the clinical care being provided.

Safety

To ensure safe handling and administration of an analgesic drug, the first aider should know the basic safety requirements. These are:

- follow storage instructions (eg some drugs need to be stored in a fridge; a workplace may need to keep certain drugs locked up)
- keep out of reach of children
- check expiry dates, and dispose of any expired or unused drugs to a pharmacy
- ensure a legible label for future use
- do not return unused drugs to the container (eg a tablet back to a foiled pack)
- keep all drugs in their original packaging
- record all drugs administered
- do not store (or decant) drugs into another container
- use a non-touch technique (break foiled tablet/tip contents into patient's hands; pour into a measuring cup)
- administer all drugs according to the instructions given on the packaging.

It is important that first aiders administer drugs within their scope of practice, and within their State/Territory or organisation's guidelines.

Need vs benefit?

Need — An analgesic drug should be administered based on the patient's injury or illness, and/or the patient's signs and symptoms.

Benefit — An analgesic drug may be administered if it will provide pain relief to the patient's injury or illness.

Contraindications and precautions

Knowing the patient's history, the first aider will be aware of the contraindications or precautions of providing that patient with medication.

Contraindication — a condition or factor that serves as a reason to withhold a certain medical treatment, due to the harm that it would cause the patient.

For example, a patient's history may show that they have an allergy to certain medications; this is a contraindication.

Precaution — an action taken beforehand to avoid dangerous or undesirable outcomes.

For example, a patient's history may indicate pregnancy, therefore the administration of methoxyflurane has to be carefully monitored.

Adverse reactions

Whenever drugs are administered to a patient, there is a possibility of adverse reactions to that drug. These may be due to overdose, side effect or allergy. The first aider should advise the patient of possible side effects. The patient should be checked regularly after administration of a drug for any signs of an adverse reaction. Early recognition of an adverse reaction will allow prompt action to be taken.

The symptoms and signs of an adverse reaction will depend upon the type of drug given, and may include:

- drowsiness
- blurred or double vision
- nausea, vomiting, diarrhoea
- increased or decreased pulse rate
- breathing difficulties
- rashes.

Check the drug!

The packaging of different drugs can sometimes look very similar, and errors can be made which may cause unpleasant or dangerous consequences for the patient and the first aider.

Before giving a patient an analgesic drug, the first aider must carefully read the package/label and, when satisfied that the drug and dosage are correct, hand it to the patient. If possible, have a second first aider check the drug also. If an analgesic drug is prescribed, use the '5 rights of drug (+ TREND)' administration (seepage 11).

To avoid errors, check the label three times.

1. to locate the drug
2. when dispensing
3. before administration.

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2–5 years . . . . . 2.5 ml
6–12 years . . . . . 5 ml
Over 12 years . . . . . 10 ml.
Dose to be taken every 4 hours.
Caution: This medicine may cause drowsiness. Do not drive a vehicle or operate machinery. Avoid alcohol. If cough persists consult your doctor.
Store below 30°C.
Do not use if cap seal is broken or missing.

Any drug given by the first aider must be recorded as follows:

- the patient's name
- the type of injury or illness
- the first aider's name and signature.
- and TREND (time, route, effect, name, dose).

The '5 rights' of drug administration, plus TREND

Drugs may only be administered to patient once you have satisfactorily answered the '5 rights'.

1. Right drug	**Is this the right drug to administer to this patient?** You may only administer drugs as clinically indicated. This is also referred to as 'indicators for use'.
2. Right patient	**Does this patient require this drug?** Determining the right drug is achieved by conducting a thorough assessment of your patient. This should include and not be limited to: presenting problems, medical history, co-morbidities, allergies and whether or not the patient is currently taking prescribed or other drugs or substances.
3. Right dose	**Is this the right dose?** All drugs are clearly labeled with their dose. This may be in the form of milligram (mg), millilitre (ml), microgram (mcg) or gram (g).
4. Right time	**When was the last dose of this drug taken or administered?** Some drugs, when administered too frequently, may cause undesired side effects or compromise the condition of a patient. Dependent upon the drug, this may result in drug toxicity which is a serious medical condition. You must assess and determine whether a patient about to receive a drug has had it before, and if so, when and what was the dose? The answers to these questions will determine whether or not you should administer a drug or re-assess their clinical care.
5. Right route	**What is the correct or appropriate route to administer this drug?** Drugs can be administered via a variety of routes. Common routes include orally, inhalation, intramuscular, intravenous and under the tongue (sublingual). Prior to administering a drug to a patient, you must ensure it is delivered via the right route. This is also known as the 'method of administration'.
TREND	Write it down: time given, route taken, effect (if any), name of the drug and the dose given.

Providing pain management

- Pain management should not take precedence over treating life-threatening injuries (eg severe bleeding).
- Moderate to severe pain should be managed early and actively.
- For patients with pain, regularly ask them, 'do you need anything for the pain'?
- If a patient receives an analgesic drug, regularly ask them about their pain so the first aider can assess the effectiveness and sufficiency of the drug.
- If patients are obviously in pain but state they don't need any pain relief, promote the benefits of pain relief.

First aiders should be aware of their State/Territory or organisation specific requirements for administering analgesic drugs, and for completing relevant paper work such as a Drug Register.

For mild to moderate pain:

- provide reassurance
- immobilise and provide ice or heat if appropriate to the injury or illness
- provide an analgesic drug if the patient requires or requests pain relief, and it is clinically appropriate.

For severe pain:

- provide reassurance
- obtain a detailed history and overall assessment
- provide an analgesic drug for obviously painful injuries (eg fractures, burns) unless contraindicated by history.

General pain management protocol

Once the first aider has applied DRSABCD, managed any immediate life-threatening conditions (eg severe bleeding) and provided first aid reassurance and treatment, the first aider can identify and manage any pain.

1. Identify a need for an analgesic drug.
   - Obtain a pain history.
   - Assess the patient's pain severity.
   - Identify the patient's need vs benefit for pain relief.
   - Consider the available options to relieve the patient's pain.
   - Identify the contraindications and precautions for use of an analgesic drug.
   - Confirm that the drug and dosage is appropriate for the patient.
2. Access and prepare the analgesic drug.
   - Access secure storage for the drug.
   - Confirm that the correct drug is retrieval and that it is within its expiry date.
   - Prepare the drug according to required standards.
   - Complete the required documentation, eg Drug Register.

3. Administer the analgesic drug.
   - Obtain the patient's consent.
   - Explain the purpose of the drug to the patient.
   - Instruct the patient on how to use the drug.
   - Administer the drug to the patient according to required standards.
   - Monitor the patient continuously whilst the drug is being administered, and observe for effective or adverse reactions.
4. Minimise further pain.
   - Ensure the patient is comfortable, at rest or immobilised appropriately.
   - Support any injuries appropriately.
   - Provide the patient with reassurance and distraction (if possible, ask the patient to assist with their management).
5. Perform the patient handover.
   - Communicate details of the incident, including analgesic drug administration, to medical personnel.
   - Supply a written record of treatment, including drug administration, to medical personnel.
6. Complete analgesic drug use requirements.
   - Dispose of unused drugs in accordance with required standards.
   - Record details of the drug administered in relevant logs in accordance with required standards, eg Drug Register.
   - Undertake a debriefing or evaluation of the incident.

Analgesic drugs

An *analgesic* drug (*a painkiller*) is any member of the group of drugs used to achieve *analgesia* (*relief from pain*).

Analgesic drugs used by first aiders are:

- paracetamol (page 14)
- ibuprofen (page 16)
- methoxyflurane (page 18)
- Entonox™ (page 20).

In situations where mild analgesic drugs will not relieve severe pain (eg a trauma such as a fracture), it may be appropriate to use a stronger analgesic drug.

Paracetamol

Paracetamol is a mild analgesic drug suitable for treating mild to moderate pain, and to reduce fever.

Paracetamol is administered for the temporary relief of a specific pain episode, and not given on a regular basis.

Paracetamol is available in a tablet, capsule, liquid suspension, suppository, intravenous, intramuscular and effervescent form.

Paracetamol is permitted for use in sport.

Side effects	• nausea, vomiting • allergic reaction if taken in excessive doses
Contraindications	• altered level of consciousness (eg due to head injury, drug affected) • already exceeded maximum daily dosage • taken paracetamol within the past 4 hours • known allergy to paracetamol
Precautions	• if the patient is taking another medication containing paracetamol
Dose	Adult • self-administered with water, 1–2 (500–1000 mg) tablets every 4–6 hours • maximum dose: 8 tablets in 24 hours or 4000 mg Child (7–12 years) • administered by a parent or guardian • ½–1 tablet every 4–6 hours, with water • maximum dose: no more than 4 tablets in 24 hours or 2000 mg Child (under 7 years) • administered by a parent or guardian • administer elixir as per instructions on bottle —do not administer tablets

Administering paracetamol

1. Follow the DRSABCD action plan.
2. Introduce yourself to the patient.
3. Obtain permission to help the patient.
4. Reassure the patient.
5. Obtain history from the patient.
6. Manage any injury or illness.
   - Take vital signs, including pulse and breathing.
   - Assess level of pain using DOLOR or OPQRST and pain score.
   - Provide non-pharmacological pain relief, eg ice, heat, immobilisation.
   - Reassess level of pain using DOLOR or OPQRST and pain score.

back to Contents

7. Recognise the patient's need vs benefit for paracetamol.
8. Check contraindications and precautions for paracetamol, against the patient's history.
9. Retrieve the correct analgesic drug and check the 5 Rights.
10. Administering the paracetamol.

    Tablet(s) to adult/child (7–12 years):

    - pop tablet(s) from blister pack, into the patient's hand
    - instruct the patient to place tablet(s) in their mouth
    - provide water to help swallow
    - observe swallowing.

    Elixir to children (under 7 years):

    - using a syringe or medicine cup, either draw up or pour out liquid dose as instructed on the container
    - instruct the child to drink the liquid from the medicine cup, or administer SLOWLY to the supported child, in the corner of their mouth

    Vomited drugs are not to be replaced with further dosage.
11. Continue to monitor the patient.
    - Take vital signs, including pulse and breathing.
    - Assess level of pain using DOLOR or OPQRST and pain score.
12. Complete the Patient Report, ensuring notes made for indication for treatment, the time therapy commenced, and the drug name, dose, time, route and effect.
13. Complete all other relevant paper work including the Drug Register, following any State/Territory or organisation specific procedures related to the drug given.

Ibuprofen

Ibuprofen is used to treat mild to moderate pain (including painful menstrual periods and migraines), fever and inflammation. It can be used orally or intravenously, and typically begins working within an hour. It is best taken at the first signs of pain.

Ibuprofen is administered only for a specific pain episode, and not given on a regular basis.

Side effects	• stomach upset (eg nausea, diarrhoea or indigestion) • headache • dizziness • high blood pressure • fluid retention
Contraindications	• altered level of consciousness (eg due to head injury, drug affected) • known hypersensitivity or allergy to Ibuprofen, aspirin or other nonsteroidal anti-inflammatory agents • taken Ibuprofen within the past 4 hours
Precautions	• If the patient is taking another medication containing Ibuprofen (eg certain medicines for coughs, colds, sinus congestion and period pain)
Dose	Adult/child • self-administered with water, 1–2 200 mg tablet/capsule, every 4 to 6 hours • maximum dose: no more than 8 tablets in 24 hours Child (check dosage on label for age group) • administered by a parent or guardian • administer elixir as per instructions on bottle—do not administer tablets

back to Contents

Administering Ibuprofen

1. Follow the DRSABCD action plan.
2. Introduce yourself to the patient.
3. Obtain permission to help the patient.
4. Reassure the patient.
5. Obtain history from the patient.
6. Manage any injury or illness.
   - Take vital signs, including pulse and breathing.
   - Assess level of pain using DOLOR or OPQRST and pain score.
   - Provide non-pharmacological pain relief, eg ice, heat, immobilisation.
   - Reassess level of pain using DOLOR or OPQRST and pain score.
7. Recognise the patient's need vs benefit for Ibuprofen.
8. Check contraindications and precautions for Ibuprofen, against the patient's history.
9. Retrieve the correct analgesic drug and check the 5 Rights.
10. Administer the Ibuprofen.

    Tablet(s) to adult/child:
    - pop tablet(s) from blister pack, into the patient's hand
    - instruct the patient to place tablet(s) in their mouth
    - provide water to help swallow
    - observe swallowing.

    Child (check dosage on label for age group):
    - using a syringe or medicine cup, either draw up or pour out liquid dose as instructed on the container
    - instruct the child to drink the liquid from the medicine cup, or administer SLOWLY to the supported child, in the corner of their mouth

    Vomited drugs are not to be replaced with further dosage.
11. Continue to monitor the patient.
    - Take vital signs, including pulse and breathing.
    - Assess level of pain using DOLOR or OPQRST and pain score.
12. Complete the Patient Report, ensuring notes made for indication for treatment, the time therapy commenced, and the drug name, dose, time, route and effect.
13. Complete all other relevant paper work including the Drug Register, following any State/Territory or organisation specific procedures related to the drug given.

back to Contents

Methoxyflurane

Methoxyflurane is an extremely potent and highly lipid-soluble anaesthetic agent with powerful pain relief properties.

It is self-administered *intermittently*, not *continuously*, using the green Penthrox hand-held inhaler (commonly known as the 'whistle').

Methoxyflurane eases discomfort rather than provides total pain relief.

Methoxyflurane is suitable for moderate to severe pain such as abdominal pain, trauma injuries (eg fractures, dislocations), childbirth labor.

Life-threatening injuries must be managed before considering administration of methoxyflurane.

Methoxyflurane is:

- classified as a Schedule 4 drug
- only available for use by authorised first aiders
- authorised for use through a prescription from a medical practitioner, and depends on state/territory legislation.

Side effects	• patient initially catches breath or stimulates a cough • prolonged use may result in light-headedness, dizziness, nausea • the patient may become detached or drowsy
Contraindications	• a reduced level of consciousness (delirious/confused) • the patient is unable to understand or comply with instructions • a personal and/or family history of reaction to methoxyflurane • exceeded the daily or weekly dose • patients with a history of renal impairment
Precautions	• assess benefits before administering to a pregnant casualty • intoxicated or drug affected
Dose	• 3 ml dose initially • maximum of 6 ml in 24 hour period, or 15 ml in a 7 day period

Administering methoxyflurane

1. Follow the DRSABCD action plan.
2. Introduce yourself to the patient.
3. Obtain permission to help the patient.
4. Reassure the patient.
5. Obtain history from the patient.

back to Contents

6. Manage any injury or illness.
   - Take vital signs, including pulse and breathing.
   - Assess level of pain using DOLOR or OPQRST and pain score.
   - Provide non-pharmacological pain relief, eg ice, heat, immobilisation.
   - Reassess level of pain using DOLOR or OPQRST and pain score.
7. Recognise the patient's need vs benefit for methoxyflurane (optional depending on State/Territory requirements).
8. If methoxyflurane is to be administered, arrange for an ambulance to be called: triple zero (000) for transportation to hospital.
9. Check contraindications and precautions for methoxyflurane.
10. Retrieve the correct analgesic drug and check the 5 Rights.
11. Check that you will be administering the correct analgesic drug and dose with a second, authorised first aider.
12. Set up the Penthrox inhaler:
    - pour methoxyflurane into the end opposite the mouthpiece
    - gently agitate ('swirl') the inhaler ('whistle') whilst covering the mouthpiece to avoid spillage—this will help absorb the drug
    - wipe the mouthpiece to remove any concentrated methoxyflurane.
13. Instruct the patient how to self-administer methoxyflurane via the Penthrox inhaler:
    - describe methoxyflurane to the patient; allow the patient to smell the drug
    - tie the inhaler cord around the patient's wrist
    - instruct the patient how to use the inhaler:
      - breathe normally and inhale the drug gently through mouth, and exhale through nose
      - dosage can be increased by covering the hole in the inhaler with a finger.
      - use the inhaler as often as necessary to manage pain
    - assist the patient to administer the drug only if asked
    - supervise the patient and effects observed
    - the inhaler may be placed in a plastic bag when not in use, to prolong effective life (press the excess air out of the bag, and zip seal)
    - re-administer the inhaler when pain increases, and place back into the plastic bag when pain is relieved.
14. Continue to monitor the patient until the ambulance arrives.
    - Take vital signs, including pulse and breathing.
    - Assess level of pain using DOLOR or OPQRST and pain score.
15. Complete the Patient Report, ensuring notes made for indication for treatment, the time therapy commenced, and the drug name, dose, time, route and effect.
16. Provide an accurate handover to the paramedic.
17. Complete all other relevant paper work including the Drug Register, following any State/Territory or organisation specific procedures related to the drug given.

back to Contents

Entonox™

Entonox™ is a medical analgesic gas, containing 50% nitrous oxide and 50% oxygen.

This gas is contained in a cylinder colour-coded with a white body and blue and white quartered shoulder. In cold conditions or after prolonged storage, the gases may separate in the cylinder. To ensure the gases are mixed, the cylinder should be inverted 2–3 times.

Entonox™ is self-administered via a demand flow control to an oxygen mask or mouthpiece, to provide strong and rapid emergency pain relief to the patient. The effects of the gas will wear off shortly after ceasing administration.

Life-threatening injuries must be managed before considering administration of Entonox™.

Entonox™ is:

- classified as a Schedule 4 drug
- only available for use by authorised first aiders
- authorised for use through a prescription from a medical practitioner, and depends on state/territory legislation.

Side effects	• may decrease the level of consciousness • patients may become light-headed, excitable and/or confused • nausea and vomiting • if air is trapped in the casualty's body, the nitrous oxide will increase size of pneumothorax or air embolism
Contraindications	• the patient is unable to understand or comply with instructions for self-administration • reduced level of consciousness (eg head injury, drug affected) • delirious or confused patients • suspected pneumothorax • abdominal distension • SCUBA diving within last 48 hours • vomiting • impaired airway or chronic airway disease
Precautions	• Use with caution if the patient is trapped and cannot be accessed. The patient may leave the mask on, lose consciousness and the first aider may be unable to maintain an open airway.
Dose	• dosage as required, under constant supervision

back to Contents

Administering Entonox™

1. Follow the DRSABCD action plan.
2. Introduce yourself to the patient.
3. Obtain permission to help the patient.
4. Reassure the patient.
5. Obtain history from the patient.
6. Manage any injury or illness.
   - Take vital signs, including pulse and breathing.
   - Assess level of pain using DOLOR or OPQRST and pain score.
   - Provide non-pharmacological pain relief, eg ice, heat, immobilisation.
   - Reassess level of pain using DOLOR or OPQRST and pain score.
7. Recognise the patient's need vs benefit for Entonox™.
8. If Entonox™ is to be administered, arrange for an ambulance to be called: triple zero (000) for transportation to hospital.
9. Check contraindications and precautions for Entonox™.
10. Retrieve the correct drug and check the 5 Rights.
11. Check that you are administering the correct drug and dose with a second, authorised first aider.
12. Correctly set up Entonox™.
    - The Entonox™ cylinder is connected to the correct regulator.
    - The mask is attached correctly with a bacteria filter in place.
13. Describe Entonox™ to the patient.
14. Explain to the patient how to use the mask or mouthpiece.
    - Instruct the patient to hold the mask, ensuring that the demand valve is not covered.
    - Instruct the patient to take normal breaths through the mask.
15. The patient self-administers Entonox™, with supervision.
16. Continue to monitor the patient until the ambulance arrives.
    - Take vital signs, including pulse and breathing.
    - Assess level of pain using DOLOR or OPQRST and pain score.
17. Complete the Patient Report, ensuring notes made for indication for treatment, the time therapy commenced, and the drug name, dose, time, route and effect.
18. Provide an accurate handover to the paramedic.
19. Complete all other relevant paper work including the Drug Register, following any State/Territory or organisation specific procedures related to the drug given.

back to Contents

Drug Register

For all Scheduled drugs particularly Schedule 4–8 drugs

Drug name and strength							
Supplier name and contact details							
Date received from supplier							
Quantity in (& date)		Quantity out (& date)		Quantity balance (& date)		Adjustment? (stock returns, damage, loss, destruction, error)	Authority to supply

Patient—drug administration

First aider's name					
Patient's name				Date	
Pain assessment mild/moderate/severe	TREND				
	Time	Route	Effect	Name	Dose

Test yourself

For each statement give either True or False

1	The first aider should be aware of their individual State or Territory rules and regulations about the purchase, administration and storage of Scheduled drugs.	
2	Chronic pain may be due to an ongoing condition or disease.	
3	Acute pain starts suddenly and is usually short-term.	
4	Pain relief is only provided by administering analgesic drugs.	
5	The severity of pain can only be measured by the patient's description.	
6	Using the Pain Faces assessment tool for a young child is helpful to assess their level of pain.	
7	DOLOR is the mnemonic for Description, Onset, Length of time, Other signs and symptoms, and Relief.	
8	The 5 Rights assist the first aider in administering the correct drug to a patient.	
9	The signs and symptoms of an adverse reaction will depend on the type of drug given.	
10	Documentation of drug administration should include time given, route of administration, effect, name of the medication and the dose given.	
11	It is important to check the expiry date of a medication before administration.	
12	An analgesic drug should be administered based on the patient's injury or illness, and/or the patient's signs and symptoms.	
13	First aiders may only administer drugs within their scope of practice.	
14	Manage the patient's pain first before treating severe bleeding.	
15	An analgesic drug may be administered to a patient suffering a sprained ankle.	
16	½ to 1 paracetamol tablet every 4–6 hours with water may be given to a child, 7–12 years old.	
17	Ibuprofen and paracetamol are immediately effective for pain.	

back to Contents

18	Ibuprofen is used to treat mild to moderate pain, fever and inflammation.	
19	Methoxyflurane is a Schedule 4 analgesic drug.	
20	A green Penthrox inhaler delivers methoxyflurane to a patient suffering a traumatic injury.	
21	Penthrox immediately provides total pain relief.	
22	Patients with a history of renal impairment may be harmed if administered methoxyflurane.	
23	The first aider should assess the benefits of administering methoxyflurane to a pregnant patient.	
24	DOLOR and OPQRST are not necessary when monitoring a patient using methoxyflurane	
25	The first aider would use Entonox™ cautiously if the patient is trapped in a confined space.	
26	Entonox™ is an equal mix of oxygen and nitrous oxide gases.	
27	It is important to check that the correct medication and dose is being given to a patient, with a second authorised first aider.	
28	There is no need to call an ambulance if methoxyflurane or Entonox™ has been used.	
29	The first aider should monitor vital signs and assess pain levels of a patient who is being administered Entonox™.	
30	The Drug Registered must be completed when Scheduled drugs have been used.	

Answers

1. True	2. True	3. True	4. False	5. False	6. True
7. False	8. True	9. True	10. True	11. True	12. True
13. True	14. False	15. True	16. True	17. True	18. True
19. True	20.True	21. False	22. True	23. True	24. False
25. True	26. True	27. True	28. False	29. True	30. True

back to Contents

DRSABCD action plan

In an emergency call triple zero (000) for an ambulance

DANGER

Check for danger and ensure the area is safe for:

- yourself
- bystanders
- the patient.

RESPONSE

Check for a response:

- ask name
- squeeze shoulders.

No response?

- Send for help.

Response?

- Make comfortable.
- Monitor breathing and response.
- Manage severe bleeding and then other injuries.

SEND FOR HELP

Call triple zero (000) for an ambulance or ask a bystander to make the call.

Stay on the line.

[If alone with the patient and you have to leave to call for help, first turn the patient into recovery position before leaving to calling for an ambulance.]

AIRWAY

Open the patient's mouth and check for foreign material.

Foreign material?

- Roll the patient onto their side and clear the airway.

No foreign material?

- Leave the patient in the position found.
- Open the airway by tilting the head back with a chin lift.

BREATHING

Check for breathing.

- Look, listen and feel for 10 seconds.

Not normal breathing?

- Ensure an ambulance has been called.
- Start CPR.

Normal breathing?

- Place in the recovery position
- Monitor breathing.

CPR

Start CPR

30 chest compressions

: 2 breaths

Continue CPR until:

- help arrives
- the patient starts breathing
- or you are physically unable to continue.

DEFIBRILLATE

Apply a defibrillator as soon as possible and follow the voice prompts.

back to Contents

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As a Registered Training Organisation, St John Ambulance Australia has developed Providing pain management to facilitate the teaching of the provision of pain management in a first aid context.

The aim of this course is to teach the skills and knowledge required to effectively manage a patient with pain, within the first aid environment. This includes administration of restricted analgesic drugs within a medically supervised first responder organisation, and the application of medications within a workplace.

EMERGENCY TELEPHONE NUMBERS

TRIPLE ZERO (000)

- Ambulance
- Fire
- Police

Poisons Information Centre
13 11 26

Allergies and anaphylaxis
www.allergy.org.au/

Asthma Australia
1800 645 130
www.asthmaaustralia.org.au

Diabetes Australia
1300 136 588
www.diabetesaustralia.com.au

Heart Foundation
heartfoundation.org.au

Diver Emergency Network
1800 088 200

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back to Contents