Adjuvant Analgesia for acute burns pain

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Background
Acute burn injury is associated with pain, which may be severe, complex and become chronic. Acute pain management can minimise this progression and a multimodal analgesia pathway including opioid-sparing adjuvants is recommended. (Schug S, 2015)

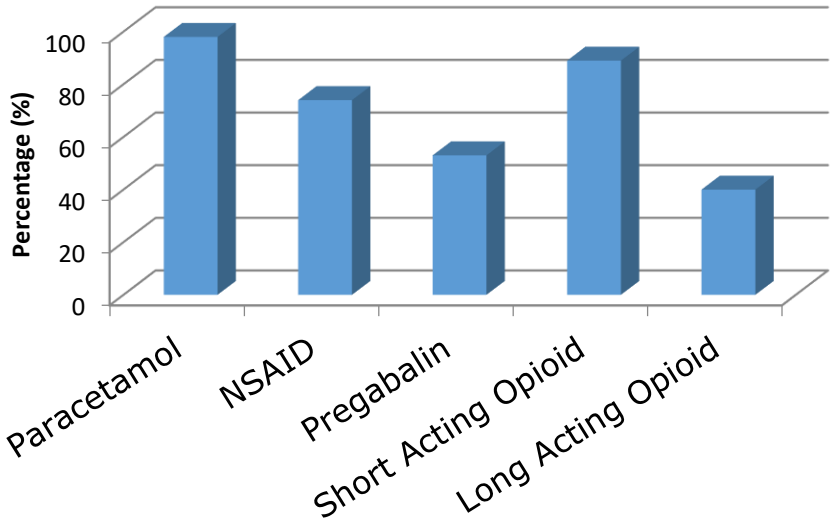
Aim
Assess compliance with a burns specific analgesia guideline for adults to ensure equitable access to adjuvant analgesics.

Methods
Digital analgesia administration records were obtained for 280 consecutive burns admissions.

Results
Paracetamol was administered to 98% of patients (274/280), suggesting that prescription of this drug is routine. Non-steroidal anti-inflammatory drugs (NSAIDs) were administered to 74% (206/280) of all patients. Eighty-nine percent of these (183/206) received selective COX2 inhibitors, 6%(12/206) received non-selective NSAIDs and 5% (11/206) received both at some stage.

Pregabalin was administered to 53% (147/280) of all patients and to 69% (77/111) of those receiving sustained-release opioids.

Opioids were administered to 91% (254/280). Of this group, 16% (40/254) received neither NSAID nor pregabalin and 9% (23/254) received 4 or more opioid preparations during their admission. Selected cases were reviewed and used to inform guideline revision.



Conclusions
Pregabalin is effective for acute and chronic burns pain and we hypothesise that it is inadvertently omitted in some cases.(Gray et al., 2011)

NSAIDs have historically been avoided in burns due to safety concerns. (Richardson and Mustard, 2009) There is limited evidence to support their role as antipyretics in this setting but their potential role in acute or chronic burns pain has not been explored. (Promes et al., 2011)

We intend to conduct a randomised controlled trial of COX2 inhibition following acute burn injury to define the effects and appropriate use in this setting.

A repeat prospective audit will be conducted following launch of the revised guideline aiming to standardise adjuvant use.

References
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