



Post-discharge Analgesia in Burns Patients

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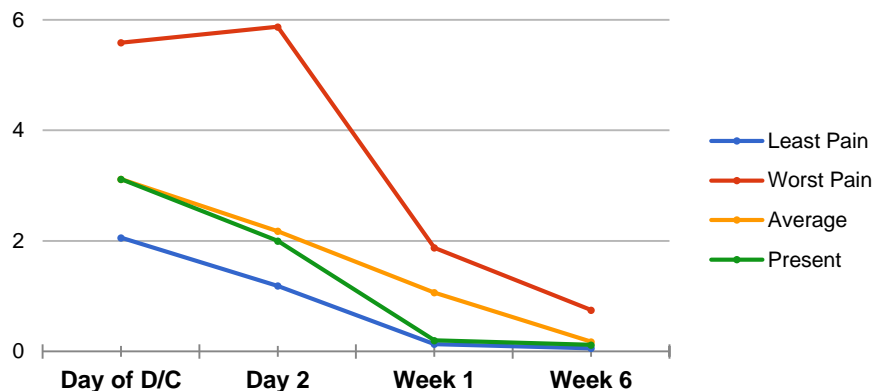
Background:

- Burn wound pain management is challenging
- Opioid analgesia has side-effects and risks and a recent nationwide codeine purchase restriction was introduced due to addiction/abuse concerns

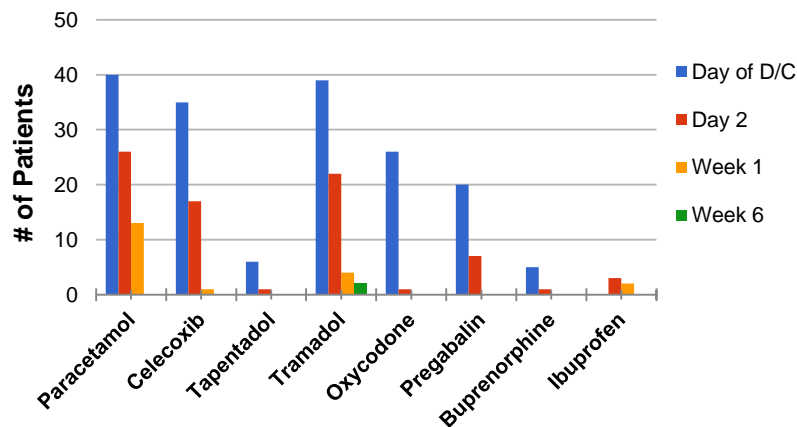
Methods:

- A prospective telephone survey of discharged inpatients with <10% TBSA burns was performed on discharge, 48 hours, 1 week, and 6 weeks post-discharge
- Analgesia requirements, pain scores and adequacy of pain control was assessed
- 40 patients were included, 23 patients were contactable at week 6, allowing for a complete data set (D/C, day 2, week 1, week 6) in 17 patients

Pain Score Trends



Analgesia Use



REST
ANALGESIA
ELEVATION
EXERCISES
DISTRACTIONS
MOVEMENT
SHOWERS
MESSAGE

MOVEMENT
DRESSINGS
EXERCISES
CONTACT
GRAVITY
SHOWERS
EXPOSURE

Results:

- Opiate analgesia was used mainly between days 0-2 post-discharge
- Pain was well-controlled at a week
- Patient-reported factors which decreased (blue) and increased (red) discomfort are shown

Discussion:

- Smaller burn injuries may not require much opiate analgesia post-discharge
- Non-pharmacological interventions such as rest, elevation & exercise improved comfort
- Appropriate opiate prescribing may help reduce side-effects, tolerance and addiction