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

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