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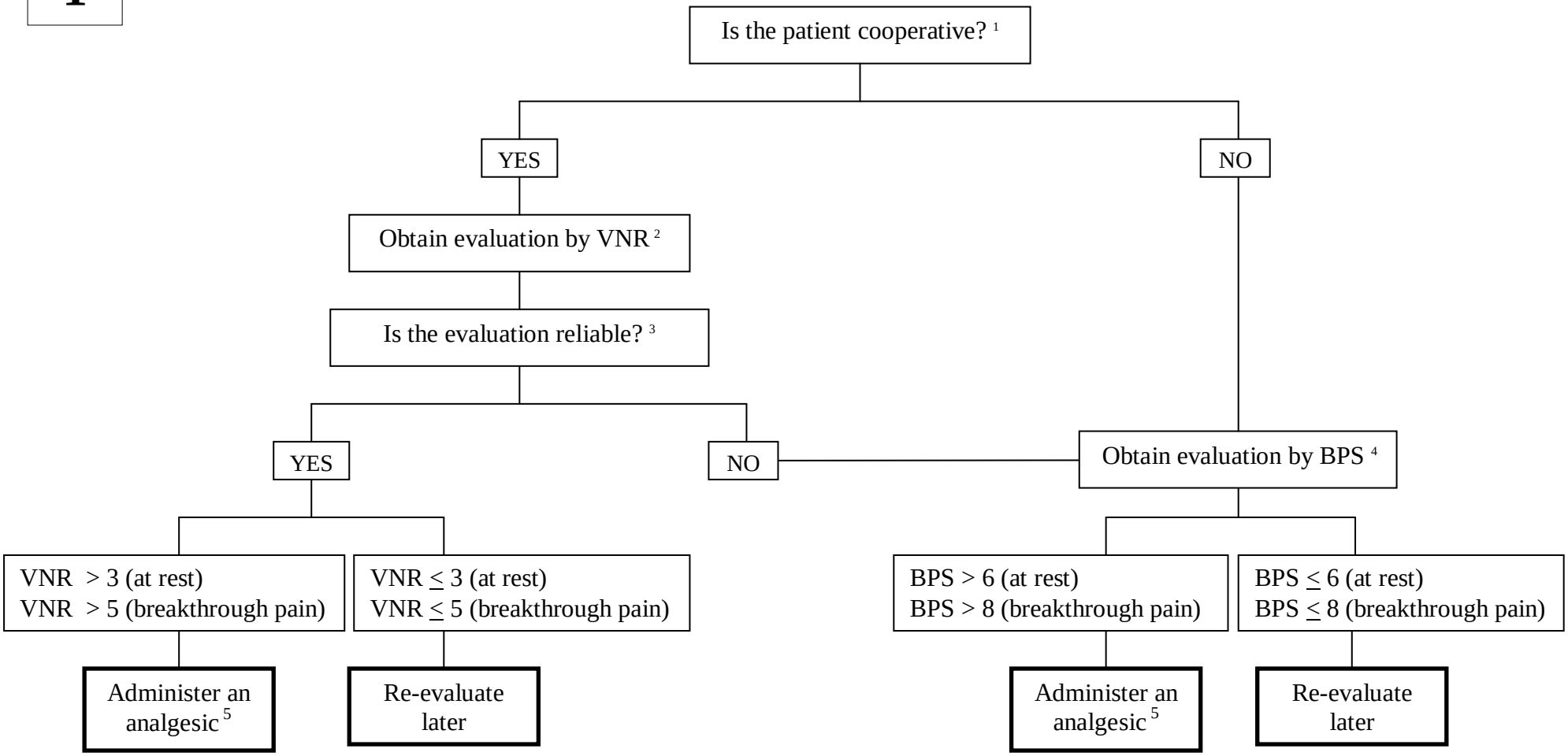
PAIN MANAGEMENT IN THE ICU



[1] Consider the patient not cooperative if: RASS < -2 / CAM-ICU⊕ / psychiatric disease / neurological deficit / communication or linguistic barriers / deafness.

[2] *Verbal Numeric Rating (VNR)* 0 = no pain, 10 = maximal conceivable pain.
Ask: "Can you quantify your pain between 0 and 10?"
Consider at rest and breakthrough pain (e.g.: coughing, tracheo-bronchial aspiration,…).

[3] Consider the evaluation as reliable if it takes into account the subjective parameters the patients use to evaluate their pain: cultural, religious and familial aspects, expectation for secondary benefits.

[4] *Behavioral Pain Scale (BPS)* 3 = absence of pain, 12 = maximal pain.
- Facial expression: 1. Relaxed / 2. Partially tightened / 3. Fully tightened / 4. Grimacing
- Upper limbs: 1. No movement / 2. Partially bent / 3. Fully bent with finger flexion / 4. Permanently retracted.
- Compliance to ventilation: 1. Toleration movement / 2. Coughing but tolerating ventilation for most of the time / 3. Fighting ventilator / 4. Unable to control ventilation.

[5] **Morphine: intravenous**
Bolus: 0.03 - 0.05 mg/kg maximal dose 40 mg/die – Continuous infusion: 5-30 γ/kg/h.

Fentanyl: intravenous (prefer fentanyl if hemodynamic instability/allergy to morphine /renal failure).
Bolus: 1-2γ/kg maximal dose 500 γ/die – continuous infusion: 1-2γ/kg/h (max 150 γ/h).

Remifentanil: intravenous (no bolus)
Bolus: never – Continuous infusion: 0.02-0.5γ/kg/min.

Consider i.v. Acetaminophen (max 15mg/kg every 6 h) / nSAIDS / adjuvants.