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## “Yes I Know it Hurts”

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**"YES I KNOW IT HURTS"**

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If pain is subjective could it be argued that the management of pain in the pre-hospital environment is also subjective? The "Pain Score" approach certainly identifies the level of pain a patient is experiencing; however, does this alter the choice of analgesia provided by a Paramedic or Intensive Care Paramedic.

Ambulance Services across Australia provide pain relief via an array of pharmacological agents dependent upon clinical status and presenting conditions.

The South Australian Ambulance Service (SAAS) is no exception to this, offering pain relief via inhaled agents along with narcotic analgesics. Recognition should also be given to the use of oxygen therapy and splinting for the relief of pain, or should it? Do we employ these measures and do we actually consider them as effective adjuncts in the form of pain relief?

This presentation will discuss SAAS's recent involvement in a previous and continual Methoxyflurane (Penthrane) study and the impact of inhaled analgesics with regards to dose related toxicity. Statistical data will be discussed which encompasses pain scores, presenting complaints and the choice and effectiveness of analgesic agents such as methoxyflurane in the pre-hospital setting.

Are we achieving an adequate level of comfort for patients experiencing pain, or are we just making them sicker? Do we even identify the need for pain relief, and if we do what is our first choice of treatment? How do we overcome the patient that simply doesn't understand the lengthy description of the "pain score"? Do we give up explaining it after we have become hypoxic trying, or do we just simply say – YES I KNOW IT HURTS!!!