Isn’t it Time to Use Opioid Drugs in Emergency Medical Services?

Hamidreza Aghababaeian*, Ladan Araghi Ahvazi

Faculty of Nursing and Midwifery, Dezful University of Medical Sciences, Dezful, Iran.

*Corresponding author: Hamidreza Aghababaeian; Dezful University of Medical Sciences, Dezful, Iran. Tel: +989163438896; E-mail: HAMIDREZAAGHABABAEIAN@yahoo.com

Pain is an unpleasant feeling and experience that is caused by a potential or practical injury and its control is so important that the American Pain Society has introduced pain as the 5th vital sign for emphasizing the importance of pain and controlling it. Almost all humans have experienced moderate to severe pain and most of the time the experience has happened following surgical procedures, medical conditions or trauma. When pain manifests in a clinical condition, health care staff are responsible for following it and relieving it as a goal and responsibility. Pain affects all individuals regardless of age, sex, race, and socioeconomic status and untreated pain can negatively affect various systems of the body and lead to many consequences. Increase in serum level of cortisol, nor epinephrine, and renin angiotension, hyperglycemia, decrease in insulin, manifestation of anxiety, cardiac effects such as ischemia, dysrhythmia, increase in pulse, increase in cardiac load, increased oxygen uptake, increased blood coagulation potential, hypertension especially in patients with head injuries, decreased blood oxygen level, increased body fluid volume, drop in blood potassium, fatigue, muscle cramps, decreased immune system function, decreased ability for wound healing and etc. are among the undesirable side effects of pain. In addition, not treating acute pains also leads to bearing unnecessary pain, elongated duration of hospitalization, increased medical costs and probability of acute pain progressing and developing into chronic pain. The financial burden of not treating pain in America has been estimated to be about 100 billion dollars per year. Pain is a common complaint and makes up a considerable portion of reasons that patients call pre-hospital emergency services and is usually present in the injured and trauma patients. Study results showed that 20% to 31% of the patients presenting via ambulances had moderate and severe pain. Additionally, with 52% to 86% prevalence in emergencies, pain is a key topic in health care of various countries. Pre-hospital emergency staff members are the first in line among health care staff that face patients at times of disaster and accident and are more exposed to the patients’ pain. Despite the quantitative growth of pre-hospital emergency bases to 1900 bases throughout Iran, observations of researchers and evidence and instructions of emergency medical services (EMS) of Iran are indicative of not using enough analgesic drugs, especially opioid analgesic drugs, as a means to relieve patients’ pain in EMS ambulances. Some studies have mentioned that about one third of the pre-hospital patients and more than 80% of patients with bone fractures report moderate to severe pain and on the other hand the positive effect of using pain killers in the regions that used them have been shown to be obvious in most patients. It seems that using analgesics in EMS is a very important topic and researchers express that proper pain management is an important principle in pre-hospital care and opioid analgesics such as morphine and fentanyl have a special place in
the instructions of EMS as treatments for acute trauma and non-trauma pains, especially cardiac chest pains, in some advanced countries regarding emergency care. Considering the afore-mentioned points concerning the importance of pain and its treatment, especially the importance of treating pain in traumatic and ischemic cardiac diseases, high prevalence of pain in pre-hospital missions, severity and type of pre-hospital missions, which are mostly associated with pain, high costs of not treating pain and the obvious need for using pain killers in trauma and ischemic cardiac diseases, isn’t it time to introduce a more effective and scientific approach in EMS? Isn’t it better to add a few types of analgesics and opioid drugs to the equipment provided at patients’ bedside, at least for ischemic cardiac diseases and severe trauma? Although the result of a study carried out in Khuzestan province showed that EMS staff members were weak regarding drug information and calculations and other studies have also expressed that drug dosage and use of opioid drugs might not be done correctly or opioid drugs might be abused in some cases, none are convincing reasons for not using these drugs. These problems could be solved by more and better training for EMS staff, creating offline and online protocols and useful programs for preventing abuse of analgesic drugs and these drugs could be effectively used in EMS. Therefore, we again note that this treatment priority should not be overlooked for any reason.