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Management of pain during debridement: a survey of U.S. burn units

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Abstract

To determine how burn pain is assessed and managed during debridement, questionnaires were sent to 151 U.S. burn facilities. 181 staff members from 93 burn units responded. For a typical adult patient, most respondents preferred a narcotic, but the dosages varied widely without a corresponding variation in assessed pain. The assessed of pain also did not vary with the type of analgesia used or the route of administration (i.v., i.m., p.o. or gas). Half the respondents used psychotropic drugs in conjunction with narcotics, but without a reduction in dosage of the narcotic or a reduction in assessed pain. For a typical burned child, although more respondents recommended using no narcotics or no psychotropics or no analgesics at all, the assessed pain for children and adults was the same, i.e. in the moderate range. Pain during debridement was rated as more severe by those with less job experience and by

those who gave higher dosages of analgesics *before* the procedure. The survey's findings indicate a need to reevaluate current analgesic practices for debridement and to document pain and pain relief.



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