

Australian and New Zealand College of Anaesthetists
and Faculty of Pain Medicine

Managing Acute Pain A Guide for Patients



Approved by

Australian Government

National Health and Medical Research Council



MANAGING ACUTE PAIN A GUIDE FOR PATIENTS

Australian and New Zealand College of Anaesthetists
and Faculty of Pain Medicine



The information contained in this consumer companion guide is based on the guidelines *Acute Pain Management: Scientific Evidence (2nd Edition)*, that was approved at the 157th Session of the NHMRC Meeting on 9 June 2005."



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This booklet talks about acute pain and how important it is that pain is managed properly. It explains the pros and cons of the different types of pain treatments. It aims to help you, your family and carers understand:

- why pain control is important for your recovery as well as your comfort; and
- how to play an active role in choosing options for treating your pain.

On some pages of the booklet we have placed important messages in the orange margin.

This booklet is based on a report for health professionals, *Acute Pain Management: Scientific Evidence*. It was produced by the Australian and New Zealand College of Anaesthetists and the Faculty of Pain Medicine. The report provides the latest evidence to help health professionals work with patients to manage acute pain effectively and safely.

A copy of the full report is available at
www.anzca.edu.au/publications/acutepain.htm

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Email: ceozanca@anzca.edu.au

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WHAT IS ACUTE PAIN?

Everybody feels pain at some time. Pain is your body's way of sending a warning to your brain that something may be wrong with part of it (for example, because of injury or a disease).

Nerve endings in and beneath your skin sense pain as well as heat, cold, touch and pressure. When there is an injury to your body, these nerve endings send messages along nerves into your spinal cord and then up to your brain. Pain relief methods work by blocking these pain messages or reducing their effect on the brain.

For most people, pain has a clear cause (for example, an injury) and does not last long. This is called *acute* pain. Pain becomes *chronic* when it continues after the injury has healed. The cause of chronic pain can sometimes be difficult to work out. Often it no longer has a cause and becomes a disease by itself. It can also be harder to treat.

It is important to treat the cause of the pain. But it is also very important to treat the pain itself. This can help to:

- lessen the effect of the injury or disease
- reduce the chance that the pain will become chronic.

Severe pain that is not relieved can have long-lasting effects — physical, emotional, social and spiritual — on the person involved and their family and carers.

WHAT ARE THE MAIN CAUSES OF ACUTE PAIN?

Acute pain that often needs treatment includes:

- pain after surgery;
- pain from injuries or burns;
- pain from problems such as arthritis, kidney stones, gallbladder stones, heart disease and headaches; and
- special situations such as the pain of childbirth.

PAIN RELIEF: YOUR RIGHT

The Australian and New Zealand College of Anaesthetists' Statement on Patients' Rights to Pain Management says that all patients have the right:

- to be believed about their pain
- to have their response to pain properly assessed
- to have access to appropriate and effective pain management strategies
- to have education about effective pain management options
- to be cared for by health professionals with training and experience in managing pain.

www.anzca.edu.au/publications/profdocs/profsta

IN THIS BOOKLET, WE MAINLY TALK ABOUT PAIN AFTER SURGERY AND INJURY. BUT THE SAME TREATMENTS MAY BE USED FOR OTHER KINDS OF ACUTE PAIN.

HOW TO HELP MANAGE YOUR PAIN

- Talk to your doctor and nurses about how much pain you might get from an operation or procedure. Decide on a *pain control plan* with them.
- Try to *describe* your pain exactly.
- Ask for pain relief as soon as the pain starts to become uncomfortable
- Tell the doctor or nurse about any *pain that will not get better*. Pain that doesn't get better, even after pain medicines, needs to be looked at.
- Tell the doctor or nurse if any *side effects* occur. These might include nausea, vomiting, itching, constipation, hallucinations or any strange feelings at all. Usually, these side effects can be treated. Some of these side effects may not be due to the drugs used to treat your pain.

HOW IS PAIN TREATED?

People used to think that severe pain after surgery or injury was something they had to put up with. This is not the case. New methods of pain relief have been developed. Today, you can work with your health carers to control just about any kind of acute pain.

Pain control can help you to:

- be more comfortable while you heal;
- get well faster, and perhaps leave hospital sooner.

WHO IS INVOLVED?

This will depend on where you are and the type of pain you have. In hospital, a range of health care professionals will work with you to control your pain. They include doctors (for example, anaesthetists and surgeons), nurses and physiotherapists. Many hospitals now have Acute Pain Services (often called APSs), where a team will help treat your pain.

Outside the hospital, your GP will usually be the person helping you manage your pain, although other health care professionals may also be involved.

You have a very important role to play in the treatment of your pain (see margin box).

MAKING A PAIN CONTROL PLAN

Sometimes you can't make plans for how your pain will be managed (for example, if you are injured). But before surgery or any procedure, it really helps if you take the time to try and understand what is going to happen. You should decide with your health carers on the pain control methods that might be best for you.

At this time, you should tell your health care team about:

- any allergies that you have to any medicines;
- any chronic pain that you already have;
- any medicines that you are already taking for pain. This could affect the type or amount of pain medicine that you will need to control your acute pain;
- any medicines you take for other health problems. This includes other medicines that your doctor has not prescribed (for example, herbal medicines); and
- any fears you have about the operation or procedure and likely pain afterwards.

You should also ask about:

- how much pain to expect and how long it is likely to last;
- any side effects that may occur with treatment; and
- any risks of treatment.

TELL YOUR DOCTOR IF YOU HAVE ALREADY BEEN TAKING STRONG MEDICATIONS TO RELIEVE PAIN.

ALSO SAY IF YOU HAVE BEEN TAKING METHADONE, BUPRENORPHINE OR NALTREXONE.

REPORTING YOUR PAIN

Many people think that telling others they are in pain means that they are 'weak' or being a nuisance. But it is important for your comfort and your recovery that you tell health care professionals about your pain. If they know how bad your pain is it can help them to work out what is causing your pain and choose the best form of pain relief for you. Then they can check whether the treatment is working well enough.

Everyone feels pain differently. The amount or type of pain you feel may not be the same as others feel, even if they have had the same operation or type of injury. Pain is a very personal feeling. It can be changed by things such as physical and emotional factors, culture and beliefs, previous pain, and mood.

Questions you may be asked by health carers include:

- *Where is your pain?*
Mention or point to any area on your body where there is pain.
- *What does the pain feel like?*
Use your own words to describe your pain. The margin box lists examples of words that may help you describe the pain you are feeling.

The nature of the pain can help tell your doctor what might be causing it. For example, pain from damage to a nerve may be burning or stabbing.
- *How much does it hurt?*
You may be asked to describe or rate your pain using one of the methods described below. Reporting your pain as a specific term or number helps the doctors and nurses to know how well your treatment is working and whether to make any changes.

YOU ARE THE BEST
JUDGE OF YOUR PAIN
AND HOW BAD IT IS

SOME WORDS FOR PAIN
ARE SHARP, HOT,
STINGING, CRAMPING,
DULL, BURNING, TINGLY,
NUMB, SHOOTING,
STABBING, ACHING,
THROBBING

HOW IS PAIN MEASURED?

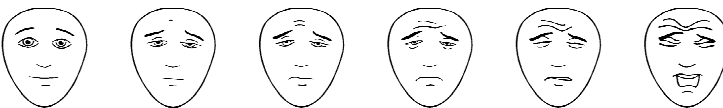
Older children and adults are often asked to score their pain using a number scale between 0 and 10. No pain is scored as 0 and the worst pain you could ever imagine is 10. You tell the nurse or doctor what your pain is on that scale between 0 and 10. There is no right or wrong answer. Everyone is different.

Sometimes you may be asked to choose words to rate your pain. Examples of these words are:

- no pain
- mild pain
- moderate pain
- severe pain.

Another scale sometimes used with older children and adults is the Visual Analogue Scale (VAS). The VAS is a 10 cm line on a piece of paper or ruler with 0 marked at one end (this means 'no pain') and 10 at the other end (this means the 'worst pain you could imagine'). You will be asked to make a mark on that line to show where you pain is.

Younger children can't measure pain using numbers. If your child is in hospital, there are special measures that can help you and the doctors and nurses score his or her pain. One way to do this is for them to point to a face that shows how sore they are or how much hurt they have.



Scoring pain can be more difficult in babies and other patients who can't communicate well. In these patients we can assess pain by looking at how they behave. For example, we look at crying, face expressions, and changes in breathing and heart rate.

IN HOSPITAL, YOU WILL OFTEN BE ASKED TO SCORE YOUR PAIN. YOU WILL BE ASKED WHEN YOU ARE RESTING AND WHEN YOU ARE MOVING. THE REASON WE KEEP ASKING ABOUT YOUR PAIN IS BECAUSE IT CAN CHANGE. AS PAIN CHANGES, THE TREATMENT NEEDED TO RELIEVE IT MAY NEED TO CHANGE TOO

THE METHOD USED TO SCORE THE PAIN SHOULD BE CAREFULLY EXPLAINED TO YOU. YOU SHOULD ASK QUESTIONS IF YOU'RE UNSURE ABOUT THE METHOD OR HOW IT IS USED

OPTIONS FOR PAIN CONTROL

CAN YOU TAKE PAIN MEDICATION WITHOUT SEEING A DOCTOR?

For simple problems which settle fairly quickly (such as headaches or muscle soreness), it may be reasonable to take pain medications for a short time without seeing a doctor.

But if the pain lasts for more than 2 days, you should see your GP. He or she will look at what might be causing your pain. The GP will also tell you which medication is best and when it should be taken.

WHAT MEDICATION SHOULD BE USED?

There is no simple answer to this question. Some general principles can be given about the various drugs that can be used. However, you may need to be seen by your doctor before you will know which is best for you.

There are a number of ways you can be given pain relief. This will depend on things such as the cause of your pain and how bad it is. Both drug and non-drug treatments can be used to control pain. Not all pain relief is given as a tablet or injection.

Most pain medicines can have side effects. These are usually not serious and not everyone will get them. Sometimes they can be helped by treatment or by changing to a different drug. Your doctor should tell you what to look out for when taking any of these drugs, and what to do if you get side effects. If you are not sure about anything to do with your medications, talk to someone from your health care team.

Some people fear that they will become addicted to strong pain medications such as morphine, oxycodone or pethidine. However, the risk of this is very rare, especially in people who have not abused drugs in the past. If you need to keep taking strong pain relief drugs for some time, the cause of the pain may need to be looked at again.

PAIN RELIEF MEDICATIONS

Some examples of pain medications	
Type of drug	Examples
Paracetamol	Panadol, Panamax, Dymadon
Anti-inflammatories	aspirin (Disprin, Solprin) ibuprofen (Nurofen, Brufen) diclofenac (Voltaren) naproxen (Naprosyn, Naprogesic) indomethacin (Indocid) piroxicam (Feldene) meloxicam (Mobic) celecoxib (Celebrex)
Opioids	morphine, codeine, oxycodone, pethidine, fentanyl, tramadol

The main types of drugs used to treat pain are described below.

Paracetamol

Paracetamol is used to treat mild to moderate pain. It can be combined with other pain medications to relieve more severe pain.

The risk of side effects is low. Therefore it can be used by people who cannot take drugs like aspirin (eg people with asthma or stomach ulcers).

Healthy adults should not take more than 8 tablets a day. Each tablet is 500 mg. People with liver disease should only take paracetamol after asking their doctor. The dose given to children depends on their age and weight.

There is now a form of paracetamol that can be given by injection.

Anti-inflammatory drugs

These include non-steroidal anti-inflammatory drugs (NSAIDs) and COX-2 inhibitors. Examples of NSAIDs include aspirin, ibuprofen, naproxen and indomethacin. An example of a COX-2 inhibitor is celecoxib.

Anti-inflammatories are used to treat mild to moderate pain. They can be combined with other pain medications to relieve severe pain.

Side effects are more common with these drugs than with paracetamol. This may limit their use in some people. Some of the serious side effects are kidney problems, stomach ulcers and bleeding.

In general, the risk of side effects is the same regardless of whether the drug is given by tablet or suppository.

**SIDE EFFECTS ARE
MORE COMMON IF
ANTI-INFLAMMATORIES
ARE TAKEN FOR
A LONG TIME.
ASK YOUR DOCTOR
HOW LONG YOU
SHOULD TAKE THEM FOR.**

ASPIRIN SHOULD NOT BE
GIVEN TO CHILDREN
UNDER THE AGE OF 12

SOME OPIOIDS WORK
BETTER IN SOME PEOPLE.
IF YOU ARE GETTING
SIDE EFFECTS FROM ONE
AND TREATMENT DOES
NOT HELP, ANOTHER
MAY BE TRIED

You should not take anti-inflammatories without talking to your doctor if you:

- are aged 65 or older;
- have had a stomach (gastric) ulcer or bleeding;
- have had asthma;
- have had kidney problems;
- have had problems with anti-inflammatories before.

COX-2 inhibitors control pain as well as NSAIDs. They may cause fewer gastric and bleeding problems, especially when used for a short time. However, they can have similar effects on the kidneys.

Opioids

These include codeine, morphine, oxycodone, pethidine, fentanyl and tramadol. They are often used to treat moderate to severe acute pain after surgery or injury. The dose that is needed varies a lot between people. Doses are worked out for each person based on their age and other factors.

Advantages: These drugs work well to relieve severe pain. They do not cause stomach ulcers or bleeding.

Disadvantages: They may cause nausea and vomiting, drowsiness, itching and constipation. They can also interfere with breathing.

If you become too drowsy your breathing could be affected. In hospital, you will be checked regularly. If you become too sleepy, the dose of opioid may be reduced. Other drugs that cause drowsiness (for example, sleeping tablets) can increase the risk of breathing problems. You may not be able to take these as well as opioids.

Drugs such as paracetamol and NSAIDs may be given to you as well as opioids. This can reduce the dose of opioid needed to treat your pain.

The risk of becoming addicted to opioids is very small when these drugs are used to treat acute pain.

Local anaesthetics

These block the nerves that pass pain signals to the brain.

Advantages: Local anaesthetics are effective for severe pain. There is very little risk of drowsiness or breathing problems. They reduce the need for other pain relief drugs.

Disadvantages: At usual doses there are few side effects. Some patients may feel dizzy or get some short-term weakness in their legs or arms. This usually disappears once the drug starts to wear off.

METHODS USED TO GIVE PAIN RELIEF

Pain medications can be given in a number of different ways. This depends on many things including the cause and type of the pain, how severe it is and where it is.

Tablets or liquids

Some pain medicines can be given as tablets or liquids. These include paracetamol, NSAIDs and opioids. "Slow-release" tablets (tablets that release pain medicine over 12 hours or more) are not usually used for treating acute pain. This is because the dose cannot be changed quickly enough.

Advantages: Tablets or liquids can work just as well as injections. They are often cheap, simple to give, and easy to use at home.

Disadvantages: You must wait for tablets to start working. This means there may be a delay in pain relief. Medicines cannot be given by mouth if you are feeling sick or vomiting.

A LOCAL ANAESTHETIC CREAM, EMLA (A MIXTURE OF TWO LOCAL ANAESTHETICS, LIGNOCAINE AND PRILOCAINE) IS AVAILABLE. IT IS PUT ON THE SKIN.

EMLA CAN HELP TO REDUCE PAIN FROM SMALL AREAS. IT IS SOMETIMES USED BEFORE INJECTIONS.

YOUR DOCTOR OR NURSE WILL TALK TO YOU ABOUT YOUR PAIN TO TRY TO FIND THE BEST MEDICATION AND BEST WAY OF GIVING IT TO YOU

Suppositories

Sometimes pain medicines are given as a suppository (inserted in the back passage). In general, tablets work as well as suppositories.

Injections into muscle or under the skin

Advantages: Injections of pain medications into muscle or the fat under the skin will work even if you are feeling sick or vomiting. These injections are simple to give.

Disadvantages: The injection may be painful for a short time. If the injection hurts when the nurse is giving it, ask the nurse to give it more slowly. There may be a delay in pain relief, as you must wait for it to start working.

Injections into a vein

Pain medications can be injected into an intravenous (IV) cannula. This is a small plastic tube placed in a vein. The medicine can be given through the IV when you need it. Less often it is given continuously.

Advantages: Medicines given by injection into a vein act quickly. This means that severe acute pain can be treated promptly.

Disadvantages: This method is often not used in general wards.

NEWER METHODS OF CONTROLLING PAIN

Newer ways of giving pain medicines to patients in hospitals can provide continuous control of pain.

PCA

PCA stands for patient-controlled analgesia. It means that you can have control over your own pain relief using pain medicines such as morphine or fentanyl. When you start to feel uncomfortable, you press a button attached to a PCA pump. The pump then injects a small dose of the medicine into an intravenous (IV) cannula in your vein.

Your doctor (often your anaesthetist) will order the amount of pain medicine delivered by the PCA pump each time you press the button. By programming the right amount for you, the risk of severe side effects is very low.

You should press the PCA button when the pain starts to become uncomfortable. You should not wait for the pain to become very severe.

Strong pain medicines such as morphine can be used safely in children of all ages. Children aged 7 years and older can usually be taught to use the PCA pump. In children who are too young or are unable to use it themselves, PCA can be controlled by ward staff.

In most other situations, the patient is the only person who should press the PCA button. This is for safety reasons.

Epidural analgesia

Pain medicines (often a mixture of local anaesthetic and opioid) can be given through a small tube placed in your back and into the epidural space. This space is close to the spinal cord and the nerves that come out from the spinal cord. These nerves mean you can feel things such as pain. The tube is called an epidural catheter.

PCA IS NOT AVAILABLE EVERYWHERE AND IT MAY NOT BE NEEDED FOR ALL PATIENTS.

AS WELL, YOU MUST WANT TO USE THE PUMP, AND LEARN HOW AND WHEN TO GIVE YOURSELF DOSES OF PAIN MEDICINE

IF YOU HAVE EPIDURAL ANALGESIA YOU WILL BE MONITORED CLOSELY.

IF YOU NOTICE ANY NUMBNESS OR WEAKNESS IN YOUR ARMS OR LEGS, OR IF YOU HAVE BACK PAIN THAT IS GETTING WORSE, YOU SHOULD LET THE NURSES KNOW STRAIGHT AWAY

Epidural analgesia is often used to treat pain during childbirth. It can also be used to manage acute pain after some operations and injuries. For example, after chest surgery, major operations on hips or knees, or broken ribs.

This method of pain control is more complicated than others. An anaesthetist must place the tube in your back, and specially trained staff must monitor you. They will check your blood pressure and heart rate. They will also ask you about movement and sensation (feelings) in your legs and arms.

Advantages: Epidural analgesia can give the best pain relief of all. This may reduce the risk of problems after surgery in some patients. Good pain relief can help people to breathe and cough well. So, it may be of benefit in patients who are elderly or who have major medical problems. It may also be good for patients having major surgery.

Disadvantages: Complications can occur. Most of these are minor and easily treated. More serious ones can also happen but these are very rare.

Some of the complications that can occur are:

- There can be an infection at the site where the epidural catheter goes through your skin. This may be a little red and sore for a few days. It usually goes away without needing treatment.
- You may get a headache. This can happen if the needle that is used to place the epidural catheter goes past the epidural space. However, any headache that you get after your surgery is usually due to another cause.
- Nerve damage may occur but this is rare. In most cases this heals within a few weeks or months.

- An abscess or blood clot can develop in the epidural space. This is very rare. We are not exactly sure how often this might happen. It may be between 1 in every 10,000 to 100,000 patients. If the abscess or blood clot was big enough to press on the spinal cord then permanent nerve damage or paraplegia could occur. This is more likely to happen if it is not immediately noticed. Treatment needs to be started as soon as possible to reduce the chance of permanent harm.

COMPLEMENTARY MEDICINES MAY CAUSE SIDE EFFECTS. THEY CAN ALSO INTERACT WITH OTHER MEDICATIONS. THAT'S WHY IT IS IMPORTANT TO TALK TO YOUR DOCTOR ABOUT ALL THE MEDICATIONS YOU ARE TAKING, INCLUDING COMPLEMENTARY MEDICINES

THERE IS LIMITED SCIENTIFIC EVIDENCE THAT PHYSICAL THERAPIES HELP ACUTE PAIN BUT SOME PEOPLE FIND THEM HELPFUL

OTHER FORMS OF PAIN RELIEF

COMPLEMENTARY MEDICINES

Herbal, traditional Chinese and homeopathic medicines are called complementary or alternative medicines. This is because they are not part of conventional health care. More and more people use these medicines. Many of them have not been scientifically tested.

NON-DRUG PAIN RELIEF METHODS

While these methods are not always enough on their own to treat pain, they can be useful in:

- further reducing pain when combined with pain medicines;
- reducing the amount of pain medicine required to control pain; and
- allowing people to have more control over their pain.

Examples of non-drug pain relief methods include:

- psychological techniques (for example, relaxation and attentional techniques);
- hypnosis;
- transcutaneous electrical nerve stimulation (TENS);
- acupuncture; and
- physical therapies (for example, cold packs, hot packs, manual and massage therapies)

FREQUENTLY ASKED QUESTIONS

Should I take pain medication only when I have a lot of pain?

No. Don't wait until pain becomes severe to take pain medication. Pain is easier to control when it is mild. You should take your pain medication as prescribed. Sometimes this means you will take medicine on a regular schedule and sometimes just when you need it.

Will I become "addicted" to pain medications?

The risk of addiction is very rare.

What if the pain doesn't get better?

Don't worry about being a nuisance. Ongoing pain can be a sign that your condition has changed, and the medical and nursing staff need to know about it. They also need to know whether your pain control plan is working. If it is not they can change the plan.

If your hospital has an Acute Pain Service you may be referred to it for specialist advice.

Can pain medicines stop working?

Pain medicine does not stop working. Sometimes the body gets used to a certain medication. This is called tolerance. Changing the dose or the medication itself often solves the problem.

If I complain too much about my pain, will I be treated like a difficult patient?

Controlling your pain is a very important part of your care. You should have as little pain as possible. You should not be treated as a difficult patient if you tell your nurse or doctor that you are in pain or are having side effects from your treatment.

In most cases you will find that if you make a very clear report of your problem to your nurse or doctor, without blaming anyone, you should get a good response. If none

**TAKE (OR ASK FOR)
PAIN RELIEF WHEN
YOU FIRST START TO
FEEL UNCOMFORTABLE.
IT IS HARDER TO
EASE PAIN ONCE IT
HAS TAKEN HOLD**

**TELL THE DOCTOR OR
NURSE ABOUT ANY PAIN
THAT WON'T GO AWAY**

**PAIN MEDICINES MAY
NOT GET RID OF ALL OF
YOUR PAIN. THE AIM IS
TO HAVE ENOUGH PAIN
RELIEF TO MAKE YOU
COMFORTABLE. THIS IS
SO YOU CAN MOVE,
TAKE DEEP BREATHS AND
COUGH. IT WILL ALSO
HELP YOU DO YOUR
PHYSIOTHERAPY**

IF YOU EXPERIENCE SEVERE OR UNUSUAL PAIN AFTER YOU LEAVE HOSPITAL, CONTACT YOUR DOCTOR STRAIGHT AWAY

IF THERE IS ANYTHING ABOUT YOUR PAIN MEDICINE OR YOUR PAIN THAT WORRIES YOU, TALK TO A DOCTOR, NURSE OR PHARMACIST

of this works, you should ask to see the ward social worker or patient advocate. You can explain your problem to them. Remember that there is no reason for anyone to suffer unnecessarily with severe pain.

How often can pain relief be given?

In the past, people in hospital were often given tablets or injections for pain only every four to six hours. We know now that much better pain relief can be obtained if pain medicines are given more frequently. Many tablets or injections can be given more often than every four to six hours (for example, every two hours) if needed.

Do not wait for the staff to offer pain medicines. If the pain starts to become uncomfortable, tell the nurse. This is regardless of the time that has passed since you last had an injection or tablet.

If you are uncomfortable but the pain medicine is making you very sleepy, it may not be safe to give more opioid drugs. In this case your nurse will contact your doctor. Other types of pain medicines may be needed.

What happens when I leave hospital? What about pain control at home?

Before you leave your nurse or doctor will talk to you about ongoing pain control. They will discuss the pain medicines you may need to take home with you, and give you advice about the doses. They will also tell you how often you need to take the pain medicines, how long you should take them for, and how to deal with any side effects.

If you wish to speak to your doctor or nurse about pain after you are home, call the phone number listed in the discharge instructions. Or you could contact your GP.

Parents are often worried about giving their children too much pain medicine. When your child is leaving hospital your doctor or nurse will discuss what signs of pain to look for. They will also give you advice about the correct dose and timing of pain medicines.