

# Pain Management in Military Trauma



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## KEYWORDS

- Military trauma • Military pain management • Battlefield pain management
- War injury pain management • War zone pain management

## KEY POINTS

- Battlefield pain management is difficult given both the situation and the personnel involved.
- The management of acute pain may help prevent the development of chronic pain and post-traumatic stress disorder.
- Pain management strategies range from self-care in the field to implantable therapies following medical discharge.

## INTRODUCTION

Although military health care has been criticized of late related to tardiness and lack of timely access to health care, battlefield medicine has been exemplary in care, with a 90% survival rate.<sup>1</sup> The nation expects no less than outstanding care of for its warriors, and the respect given to servicemen and women is at a new high. A report from the Office of the Army Surgeon General on pain management and care for military members and their families states:

*"While trauma management has been at the forefront of excellence, pain management associated with combat polytrauma provides unique challenges because of the distinctive mission, structure, and patient population of the military casualty patient. The transient nature of the military population, including patients and providers, makes continuity of care a challenge to military medicine."<sup>2(pE2)</sup>*

Much of what is known about pain management in the trauma patient in the nonmilitary population, both pharmacologic and nonpharmacologic has not found its way

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into military trauma management, where the priority has always been on improving survivability.<sup>2</sup>

*In 2009, the Army Surgeon General, Lt. Gen. Eric B. Schoomaker, chartered an Army Pain Management Task Force to make recommendations for a US Army Medical Command (MEDCOM) comprehensive pain management strategy that was holistic, multidisciplinary, and multimodal in its approach; that utilized state of the art/science modalities and technologies; and that provided optimal quality of life for soldiers and other patients with acute and chronic pain.*<sup>2(pE1,2)</sup>

The Pain Management Task Force came back with 109 recommendations, in 4 areas, that led to a comprehensive pain management strategy that met the directives (**Box 1**).

*In 2010, the National Defense Authorization Act continued the initiative by tasking the secretary of defense with developing and implementing a comprehensive policy on pain management by the Military Health Service no later than March 31, 2011.*<sup>2(pE2)</sup>

The policy had 7 specific targets, noted in **Box 2**.

It should be noted that a focus on pain assessment and management was not new to the US military. In 1998, the Veterans Health Administration (VHA) initiated a national pain strategy in an effort to develop a system-wide approach to pain management, with the ultimate goal of reducing suffering among veterans with acute and chronic pain. “Pain as the 5th vital sign” was promoted in all inpatient and outpatient clinical settings in order to ensure consistency of pain assessments throughout the VHA. This initiative migrated into civilian health care settings.<sup>2</sup>

This initiative was strengthened in 2009, with a VHA directive for pain management.

*This directive provided policy and implementation procedures for the improvement of pain management consistent with the VHA National Pain Management Strategy and in compliance with generally accepted pain management standards of care. It also defined the stepped care model for pain management. Stepped care balances a focus on managing pain as early as possible in a primary care setting while providing access to pain medicine specialty consultation, and interdisciplinary and multimodal pain management resources when required. It also emphasizes optimal pain control, improved function, and improved quality of life.*<sup>2(p9)</sup>

In 2000, the Joint Commission on Accreditation for Healthcare Organizations (JCAHO) unveiled pain management standards that become an accreditation assessment criteria for all JCAHO-accredited ambulatory care facilities, behavioral health

#### **Box 1**

##### **Pain Management task force target areas**

1. Provide tools and infrastructure that support and encourage practice and research advancements in pain management
2. Build a full spectrum of best practices for the continuum of acute and chronic pain, based on a foundation of best available evidence
3. Focus on the warrior and family, sustaining the force
4. Synchronize a culture of pain awareness, education and proactive intervention

*From United States. Office of the Army Surgeon General. Pain management task force: final report—providing a standardized DoD and VHA vision and approach to pain management to optimize the care for warriors and their families. Washington, DC: 2010. E1–2.*

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