

## Emergency Department (ED) Pain Relief Strategy for Musculoskeletal Injury

### Strategies for relief of musculoskeletal pain in the Emergency Department

*This resource is part of the AAOS-ASA Pain Alleviation Toolkit, strategies for safe and effective alleviation of pain and optimal opioid stewardship. AAOS and ASA partnered to develop the toolkit, recognizing that empathic communication between the surgical team, patients, and families helps prepare patients for the pain of recovery from injury or surgery.*

- Simple fractures and lacerations
  - Immobilization, ice, elevation and non-opioid pain medications prescription strength ibuprofen.
  - On occasion: Codeine.
  - Avoid stronger opioids (e.g. Oxycodone, hydrocodone, hydromorphone).
- The pain from very unstable or complex fractures is occasionally managed with stronger opioid pain medication prior to surgery.
- The stronger opioid of choice prior to surgery is hydrocodone. The preferred number to prescribe is 10 pills.
- Encourage patients to use non-opioid pain relievers during the day and save the hydrocodone for sleep.

#### Suggested regimen for Orthopaedic patients being discharged from ED

Type of Fracture	Non medication Prescription	Medication Prescription
Phalangeal	Immobilization, ice, elevation	Acetaminophen +/- ibuprofen
Metacarpal	Immobilization, ice, elevation	Acetaminophen +/- ibuprofen
Distal Radius	Immobilization, ice, elevation	Acetaminophen +/- ibuprofen Consider codeine primarily for sleep
Radial Head	Sling, ice, elevation	Acetaminophen +/- ibuprofen
Humerus	Immobilization, ice	Acetaminophen +/- ibuprofen Consider codeine primarily for sleep
Clavicle	Sling, ice	Acetaminophen +/- ibuprofen Consider codeine primarily for sleep
Tibial Plateau	Immobilization, ice, elevation	Acetaminophen +/- ibuprofen Consider codeine primarily for sleep
Ankle	Immobilization, ice, elevation	Acetaminophen +/- ibuprofen Consider codeine primarily for sleep
Foot	Immobilization, ice, elevation	Acetaminophen +/- ibuprofen