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Acute Pain Management

Pain is frequently encountered in intensive care unit (ICU) patients. Several studies have shown that improved pain management is associated with improved patient outcomes. However, pain management continues to be a significant challenge in the ICU setting.

Effective pain relief is one of the most important priorities in the ICU. The goal is to ensure optimised clinical outcomes and patient comfort. However, this has to be achieved by using flexible multimodal analgesia, minimum use of opioids and minimal sedation. Any pain management strategy within the acute care setting should facilitate pain relief, patient comfort, early mobilisation, early recovery, and minimum long-term complications of an ICU stay.

In our latest cover story, **Acute Pain Management**, our contributors highlight the challenges of pain management in critically ill patients and discuss pain assessment strategies, current pain management guidelines and recommendations, and effective pain management protocols in specific patient populations. They talk about the benefits, appropriate usage and adverse effects of different pain management modalities. They also talk about sedation monitoring and sedation minimisation as important goals when managing pain in critically ill patients.

Gérald Chanques talks about the practical assessment of pain in critically ill patients in the intensive care unit based on current evidence and guidelines. Ambika Tejpal, Sérgio Pereira, and Michael Sklar provide an overview of the cardiovascular and respiratory effects of sedative agents commonly used in the ICU and discuss emerging concepts of mechanical ventilation induced injury to the respiratory muscles and sedation monitoring and sedation minimisation for expeditious liberation from mechanical ventilation.

Ambre Cuny, Audrey De Jong and Gérald Chanques highlight pain management specificities in critically ill patients with obesity and discuss the need for a standard, non-weight-based or weight-based dosing using either ideal body weight or adjusted body weight to limit the risk of overdosing in these patients.

Jhordan Molina-Galeote, Gabriel Patiño-Arreola, Itzel Radillo-Santana and co-authors offer a practical approach to analgesia, sedation and neuromuscular blockade of critically ill patients and discuss potential benefits, adverse effects and current professional international recommendations. Sergi Huerta-Calpe, Ricardo Suárez, Mónica Balaguer, and Elisabeth Esteban provide an overview of the main pain management options currently available in paediatric critical care settings.

Beatriz Lobo-Valbuena, Rosario Molina, Leire de la Oliva Calvo, and Federico Gordo discuss the current management of delirium and provide an overview of new publications and possible new studies that could shed light on a more effective delirium management strategy.

Alberto Gómez González, Miguel Martínez Camacho, Robert Jones Baro and co-authors highlight the most common mistakes during early mobilisation in the intensive care unit. Flavio Nacul, Neymar de Oliveira, Joao da Silva-Jr and co-authors provide evidence supporting perioperative haemodynamic optimisation in high-risk surgery patients and discuss strategies to facilitate its implementation and adoption to improve patient outcomes.

Acute pain management should focus on decreasing the incidence of severe pain among critically ill patients while ensuring appropriate use of analgesic drugs, minimum sedation, and decreased incidence of serious adverse events. Effective pain management is an important quality indicator of care provided in the ICU and should be closely monitored and implemented based on clinical care guidelines and recommendations.

As always, if you would like to get in touch, please email JLVincent@icu-management.org.

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