



# University Hospital Galway

EMERGENCY DEPARTMENT  
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## **Analgesia**

**(<https://galwayem.ie/guidelines/appendices/analgesia>)**

Category

[Appendices \(https://galwayem.ie/guidelines/appendices\)](https://galwayem.ie/guidelines/appendices)

Pain relief is one of the most important functions of an ED. Pain is the primary presenting symptom in over 50% of ED attendances and should be managed in a timely fashion.

### **Acute Severe Pain.**

The gold standard is intravenous morphine in boluses of 5mg titrated to effect. This should be reduced in the elderly 1-2mg boluses. The dose for children is 0.1- 0.2 mg/kg. There is no role for the intramuscular route. There is no need to routinely give an anti-emetic unless the patient is already vomiting

### **Mild to Moderate Pain.**

This can usually be treated with oral analgesia. See table below. Diclofenac 100mg PR is a very effective analgesic.

Image

[https://galwayem.ie/sites/default/files/images/Analgesia\\_1.png](https://galwayem.ie/sites/default/files/images/Analgesia_1.png)

Discharge Analgesia Most patients with soft tissue injuries can be managed with OTC analgesia such as Paracetamol or Ibuprofen. The next step should be Diclofenac or Paracetamol/ Codeine 500/30 (Solpadol/Tylenol). There is no role for Tramadol in the ED.

Numbers needed to treat are calculated for the proportion of patients with at least 50% pain relief over 4-6 hours compared with placebo in randomised, double-blind, single-dose studies in patients with moderate to severe pain. Drugs were oral, unless specified, and doses are

milligrams. Shaded rows are intramuscular administration

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