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Letter to Editor

Comments on- Time to Adequately Heed Acute Pain in the Emergency Department - More Regional Blocks Warranted

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To the Editor

I read the recent article "Time to Adequately Heed Acute Pain in the Emergency Department - More Regional Blocks Warranted" by Dr. Zundert, et al. with much interest [1]. The central argument of offering adequate multi modal acute pain control to our most vulnerable patients has been the core tenant of my clinical practice and research for the last 15 years. I completely agree that if we (as the field of medicine) hope to succeed in equitable acute pain management, leveraging the skill of numerous clinicians (emergency physicians, surgeons, orthopedics, etc.) to perform single injection regional blocks will be needed [2]. Like other skills (endotracheal intubation, lumbar puncture, central venous cannulation, etc.) that have been adapted from innovators in one field and then taught to the various other specialties, ultrasound-guided regional anesthesia needs to be brought from the expert regional anesthesiologists and to the clinicians who are at the bedside caring for this cohort of patients.

Working at an academic trauma center in a low resource setting, we have had to build patient-centered pain pathways that both treat acute pain as well as ensure a reduction in opioid use. With the help of our anesthesia colleague at University of California, San Francisco, we have integrated ultrasound-guided regional blocks into our clinical practice for more than 10 years in the emergency department (ED). Just as Dr. Zundert has pointed out, this collaboration between our Anesthesia and Emergency Medicine colleagues has been an amazing success, leading to timely pain control in our acutely injured patients as well as improved patient care. For hip fractures specifically, we have worked with our anesthesia and orthopedic colleagues to develop a practice standard that asks our clinicians to perform a block in under 1 hour after recognition of a hip fracture [3]. This collaborative non-siloed based practice standard between all services dealing with acutely injured patients (trauma surgery, orthopedics, anesthesia and emergency medicine) has fostered interdepartmental education, multiple research publications and most importantly improved patient care [4, 5, 6, 7].

Sincerely,

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Declaration of patient consent: The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given his/her consent for his/her images and other clinical information to be reported in the Journal. The patient understands that his/her name and initials will not be published, and due efforts will be made to conceal his/her identity, but anonymity cannot be guaranteed.

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