

Patient-controlled analgesia reduces pain at higher cost

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injuries and with non-traumatic abdominal pain, respectively. For both groups, overall costs were higher with patient-controlled analgesia versus standard care (additional £18.58 and £20.18 per 12 hours for patients with pain from traumatic injuries and with non-traumatic abdominal pain, respectively).

"This evaluation found that the use of patientcontrolled analgesia for patients presenting to emergency departments with traumatic or abdominal pain reduced the amount of time they experienced moderate or severe pain, at an additional cost," the authors write.

More information: <u>Abstract</u> <u>Full Text (subscription or payment may be required)</u>

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(HealthDay)—For patients presenting to the emergency department in pain, who are subsequently admitted to the hospital, the cost per hour in moderate or severe pain averted is higher for patient-controlled analgesia versus standard care, according to a study published online May 26 in *Anaesthesia*.

Colin Pritchard, from Derriford Hospital in the Plymouth, U.K., and colleagues compared the costeffectiveness of patient-controlled analgesia with standard care in patients admitted from the emergency department with pain due to traumatic injury or non-traumatic abdominal pain. A visual analogue scale was used to measure pain scores hourly for 12 hours. Cost-effectiveness was measured as the additional cost per hour in moderate or <u>severe pain</u> avoided with use of patient controlled analgesia versus standard care.

The researchers estimated that the cost per hour in moderate or severe pain averted was $\pounds24.77$ and $\pounds15.17$ for patients suffering pain from traumatic



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