COLLABORATIVE REGIONAL BENCHMARKING GROUP

Pain & Sedation Management in Critical Care

Aim: To provide guidance on nursing care for the assessment and management of pain and sedation in Critical Care patients

Scope: All adult patients in Critical Care

ASSESS & DOCUMENT

Pain & sedation should be assessed and documented at least every 4 hours[3,4,5,6]

Always treat pain first. Agitation may be a sign of pain.

Assessment tools

Pain - Self reporting
- Verbal Rating Scale (VRS)
- Numerical Rating Score (NRS)

Pain - Unable to self report
- Critical Care Pain Observation Tool (CCPOT)

Sedation
- Richmond Agitation–Sedation Scale (RASS)
- Riker Sedation Agitation Scale

Use the most relevant tool BUT be consistent

STANDARD CARE

1	Pain & sedation should be assessed and documented at least every 4 hours[3,4,5,6]
2	Give pre-emptive analgesia prior to commencing potentially painful procedures[7]
3	Where appropriate, offer non-pharmalogical pain management approaches[4,5]
4	Reassess within 1 hour after analgesia administered[4,5]
5	Titrate sedation to achieve documented target sedation score[3,4,5]
6	Consider daily sedation hold[3] (Spontaneous Breathing Trial) if not contraindicated
7	Where the patient is receiving full analgesia and paralysis from neuro muscular blocking agents, processed EEG (e.g.Bispectral index (BIS)) monitoring should be used[7,8]

Pain & agitation in Critical Care Patients

Pain and agitation are often multifactorial. A useful clinical approach is to consider physical discomfort first, then physiological, neurological, medication-related, psychological and environmental causes.

Please see your units full guidelines for more information

V1 2026

	References
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3	Guidelines for the Provision of Intensive Care Services V3 (GPICS)(2026) The Faculty of Intensive Care Medicine / Intensive Care Society.
4	Society of Critical Care Medicine (SCCM) *ICU Liberation Bundle (A–F)*. Available at: https://sccm.org/clinical-resources/iculiberation-home/abcdef-bundles
5	Clinical practice guidelines for the prevention of Pain/Agitation,Delirium,Immobility and Sleep (PADIS) disruption in adult patients in the ICU. Devlin et al (2018) Critcal Care Medicine.Vol 46(9) p825-p873.
6	NICE (2010) (Updated 2023) CG103 Delirium: prevention, diagnosis and management in hospital and long-term care
7	Coghill, A, Puthenpurakal, A, Stewart, C, (2025) Assessment and Management of Pain, Anxiety, Delirium and Sleep. Chapter 10. Critical Care manual of Clinical Nursing Procedures (2nd Edition). Wiley, Blackwell.
8	NICE (2012) DG6 & Lewis et al (2019) cited in Coghill, A, Puthenpurakal, A, Stewart, C, (2025) Assessment and Management of Pain, Anxiety, Delirium and Sleep. Chapter 10. Critical Care Manual of Clinical Nursing Procedures (2nd Edition). Wiley, Blackwell.