

Pain Management in Neurocritical Patients in Coronavirus Pandemic

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Coronavirus pandemic has changed the strategy in alleviating pain in neurocritical care patients. In this letter we summarise the important issues which are pertinent to our topic of discussion. Wyler D et al, have reviewed the challenges of pain management in neurocritical injured patients and found that pain can increase the ICP while patients are at ventilator and stressed, particularly in NICU (1).

In polytrauma patients injured sites are to be addressed and the further evaluation for pain mechanism will improve our understanding. Cerebral strokes will alter the perfusion in the brain, cerebral autoregulation may take a part to restore but it depends upon the territory of ischemia (2). Cerebral venous thrombosis is a mechanism where there is elevation of ICP and headache may agitate/irritate the critically ill patients in COVID patients (3). Hence the pharmacological and non-pharmacological therapy in these patients are monumental. Of these, frequent positioning, suction through endotracheal tube, care to the orifices, physiotherapy are to be mentioned. Various analgesics and sedatives are used for critical patients in intensive care units (4).

Pain assessment and its control is improving everyday and evidence based practice is essential to take care of critically ill patients.

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