

Improving Pain Relief in the Emergency Department Patients: An Emergency Department Education and Quality Improvement Intervention

Henson Randall, DO
Rutgers Health Community Medical Center, Emergency Medicine Department

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ASRA PAIN MEDICINE



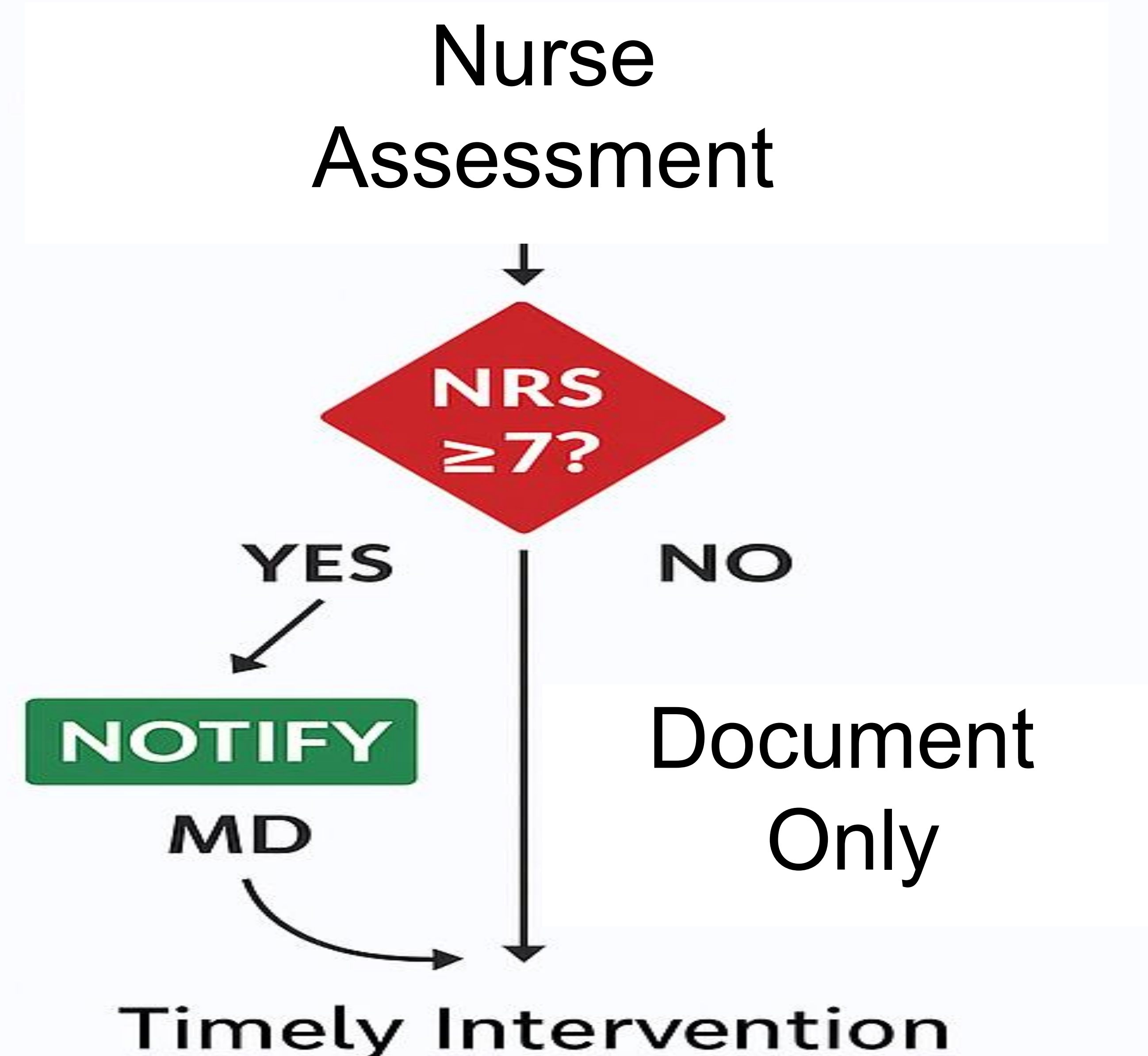
PROBLEM

- #1 ED Complaint
- Delayed Treatment
- Siloed Workflow
- Communication Gaps
- Risk of Acute-to-Chronic Pain Transition

METHODS

- 30-Day QI Trial
- Retrospective Review
- Nurse-MD Protocol
- NRS ≥ 7 Threshold
- Rutgers Health CMC ED Implementation
- Staff Education

INTERVENTION



RESULTS

- Faster Treatment
- Clear Protocol Established
- Improved Pain Control
- Staff Education Integrated
- Higher Patient Satisfaction

CONCLUSION

- Shared accountability reduces acute pain burden
- May prevent progression to chronic pain
- Standardized ED protocols enable seamless transitions to pain specialists

KEY FINDING: *Combined education and a quality improvement intervention for severe pain (NRS ≥ 7) notification at Rutgers Health CMC ED led to faster treatment times and improved pain control for emergency department patients.*