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Uses, Effects and Positive Impact of Inhaled Methoxyflurane in Wexford General Hospital

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Introduction

Methoxyflurane is inhaled analgesic and weak sedative agent licensed to use in Ireland for pain management.

It offers advantages over the other analgesics in term of its non-invasive self administration, ease of use and rapid onset of action

This study was carried out among patients presenting to A & E with minor injuries that include fractures and dislocations.

Objectives

To review the acute analgesic effects, side effects, safety measures of Methoxyflurane. To see whether additional analgesia and sedation is required [1].

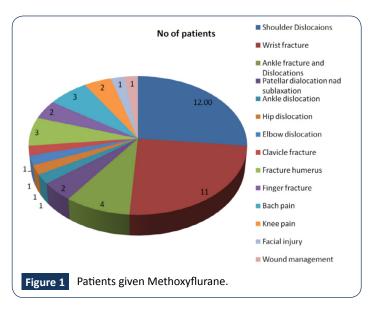
To review if its use minimize the length of stay of patient in A & E **(Figure 1).**

Methods

Data was collected over a period of six months among patients who presented to A & E with minor injuries and was offered Methoxyflurane for pain management [2].

Length of observation

Methoxyflurane had reduced the duration of observation to



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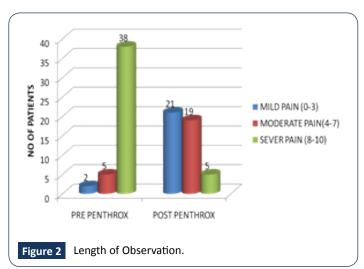
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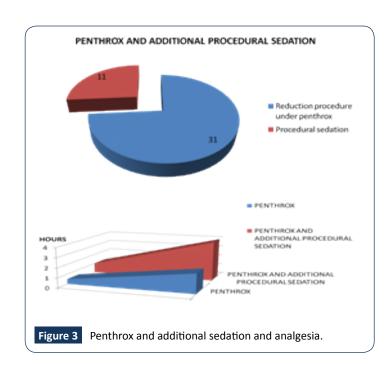
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less than 30-60 minutes as compared to the current policy of procedural sedation (Figure 2).

Penthrox and additional sedation and analgesia

Reduction procedures was done on 31 patients with Methoxyflurane, out of which 11 patients required additional sedation and analgesia (Figure 3).





Results

Data of 45 patients was collected. 38 patients (84.45%) had average pain score of 8.68 on numerical rating scale, after using Methoxyflurane for pain management pain score was reduced to 4.71.

7 patients (15.5%) presented with mild to moderate pain had mean pain score of 4.71, reduced to 1.71 [3].

Conclusion

Inhaled Methoxyflurane is safe, effective and rapidly acting analgesic and mild sedative agent which is suitable for the treatment of acute pain in A & E for minor injuries

Use of Methoxyflurane reduces the use of additional analgesia and procedural sedation and reducing hospital stay among 75% of the patients. Patient should be observed for 15-30 minutes after using Methoxyflurane for pain management [4].

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