Acute pain represents an incredible and difficult challenge in medicine. Most of the physicians are especially concentrated on postoperative pain, forgetting hundreds of other causes responsible for acute pain conditions, both of surgical and medical clinical interest. For an organic and adequate evidence-based management, several guidelines have been published.

Exploring PubMed for ‘acute pain guidelines’, it is possible to find over 2,000 papers just for the last 10 years. The history of guidelines in acute pain starts much before than the last 10 years. It goes back especially to the 90s, with all the interest related to multimodal analgesia and organization of acute pain services. As said before, the huge majority was related to the postoperative pain management. In particular, there were 2 great groups, in Copenhagen (Denmark) and in Orebro (Sweden) that generated an increasing interest on the topic. The first group at the beginning of the 90s started to highlight the concepts on the importance to treat postoperative pain and the potentialities to obtain a good analgesia with the simultaneous use of different analgesics (‘balanced’ or ‘multimodal’ analgesia). The other one, in the same period of time, was more addressed to demonstrate how important (crucial) was the organization based on nurses, to obtain a rewarding management of postoperative pain.

After that, hundreds of evidence-based guidelines and recommendations have been published. We will analyze the most relevant. Also, we will focus the attention on the real influence of all those publications and guidelines on the on-bed assistance, and on the change of epidemiological data related to acute pain. At the end, we will propose some new vision of that should be implemented, thanks to technological developments, if we really want to have an impact on the incidence of acute pain and pain chronication.