**Introduction**

burn injury can be extremely devastating and distress- sing for the survivors[1]. Wound care and therapies are commonly associated with severe anxiety that manifests as scared feeling and prediction of the wound dressing pain [2] . Studies demonstrated a bidirectional relationship between the wound dressing pain and anxiety [3] . It is also found that anxiety can worsen burn pain [2]. Anxiety arises from poorly managed pain especially when pain relief medication is no initiated before wound care or procedures[4] . Patients who have a higher level of anxiety tend to have less pain tolerance [3] . Moreover, pain anxiety can result in non-compliance (non- adherence) with hospital cares, sleep disturbance and de- creased appetite [4] . Therefore, it is of paramount importance to reduce pain anxiety in effective patients care of burn patients. Many medication and non-medication methods were found to control pain anxiety. Medications comprise anesthetic drugs and opiate that have side effects like undertreated pain, respiratory depression, nausea, and vomiting and hyper sedation [5] . Non-opiate drugs such as ketamine and propofol can greatly relieve wound dressing pain but the use of them is limited due to required vital care [6]. Non-medication methods such as behavioral therapy, education and giving primary information to patients, hypnotherapy and complementary medicine techniques like relaxation and relaxing breathing ameliorate burn pain but cannot completely control pain anxiety unless accompanied by additional opiates drugs [7]**.** Ketamine has been used extensively in burn patients for more than 40 years, as a dissociative anesthetic agent thatworks primarily on thalamic function and the limbic system [8].Ketamine provides an adequate level of analgesia for burn wound care. It can be successfully used for bedside sedation procedures [9]. In addition, it does not lead to airway loss, oxygen desaturation, or clinically significant emergency reactions [10] . Wound dressings are done on daily basis in burns wards making the management of pain difficult. The absence of adequate monitoring standards and providing main power to sustain daily commitment by a busy and short staffed department of Anesthesia adds to the difficulty. Oral ketamine has been used in premedication doses in the treatment of burn pain [11].Ketamine is especially effective in reducing secondary hyperalgesia and winds up pain because of its N-Methyl-D-aspartate (NMDA) antagonistic effect. However, use of ketamine is associated with emergence phenomenon which is likely to aggravate the emotional distress in patients with burns when it is administered on a daily basis. Dexmedetomidine seems to be an effective alternative in general wards since it provides analgesia, sedation without respiratory depression. Zor et al. demon- strated that intramuscular combination of ketamine and dexmedetomidine provides effective pain relief during burns dressing [12].In the present study, we aimed to find out an ideal analgesic, sedative and/or anxiolytic agent that would minimise the unwanted effects