Prescribing Opioid Medication for Emergency Department patients
Chapter: Emergency Services
Policy Number: ES 8

Policy
Emergency department Licensed Independent Practitioners (LIP) will prescribe opioid medication in a manner that minimizes risk of respiratory depression, addiction or misuse.

Scope
Patients who are eligible for or receiving palliative or hospice care are exempt from this policy.

Disclaimer
Clinical judgment may supersede the procedure outlined.

Procedure
1. If an opioid prescription is given, this prescription will be only for a small number of pills, no more than a three-day supply and will start with the lowest possible effective dose. All patients will be provided with information about risks of opioid overdose and dependence/addiction.

2. When possible prescribing opioid analgesics to patients currently taking benzodiazepines and/or other opioids to lower risk of respiratory depression is avoided.

3. Emergency department LIPs do not prescribe long-acting and/or controlled release opioids (e.g. oxycontin, MS contin, methadone).

4. Emergency Department LIPs do not provide replacement doses of methadone or suboxone for patients in a methadone/suboxone treatment program unless the patient missed a dose related to their emergency medical condition and the LIP has confirmed the patient’s dosage with the methadone treatment program.

5. Prescriptions for opioid medications that have been lost, stolen, destroyed, or expired will not be reissued.

6. Emergency Department staff will assist in directing patients to appropriate follow-up care.

7. Patients who have frequent or multiple visits to the Emergency Department seeking relief from painful conditions will be considered to have recurring or chronic pain syndromes. In these cases, non-opioid pain medication will be prescribed with recommendation to return to their treating physician.

8. In some cases the Hospital staff may partner with the PCP and/or a community resource to coordinate the care of patients who frequently visited the Emergency Department.
9. All LIPs in the emergency department are encouraged to use the Massachusetts Department of Public Health Prescription Monitoring Program to monitor recent controlled substance prescription history.

References


Bohnert, ASB; Valenstein, M.; Bair, MJ; et al Association Between Opioid Prescribing Patterns and Opioid Overdose-Related Deaths JAMA. 2011;305(13):1315-1321.

New York City Emergency Department Discharge Opioid Prescribing Guidelines

M.G.L c. 94C
105 C.M.R. § 700.00

2013 Joint Commission Standard: MM 01.01.03

Review and Approval

The following Steward Health Care personnel originated and approved this policy:

<table>
<thead>
<tr>
<th>Contact</th>
<th>VP, Emergency Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved by</td>
<td>ED Enterprise Group, Steward Clinical Excellence Committee</td>
</tr>
<tr>
<td>Policy Date; Revisions</td>
<td>6/11/2013</td>
</tr>
<tr>
<td>DCN: For office use only</td>
<td>7/12/2013 9:28:44 AM 1</td>
</tr>
</tbody>
</table>
HOSPITAL ADDENDUM

Saint Anne’s Hospital

Prescribing Opioid Medication for Emergency Department patients

Department: Emergency Services

Chapter Name: Emergency Department

Policy Number: ES 8

Procedure

System policy has been adopted as is.

Review and Approval

The following Steward Health Care System personnel originated and approved this policy:

<table>
<thead>
<tr>
<th>Contact</th>
<th>Chief of Service, Emergency Medicine, Saint Anne’s Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved by</td>
<td>Policy Steering Committee  07/22/13</td>
</tr>
<tr>
<td></td>
<td>Senior Leadership Team  07/22/13</td>
</tr>
<tr>
<td></td>
<td>Medical Executive Committee  08/05/13</td>
</tr>
<tr>
<td>Addendum Date</td>
<td>August 5, 2013</td>
</tr>
<tr>
<td>Addendum Revision dates</td>
<td></td>
</tr>
</tbody>
</table>