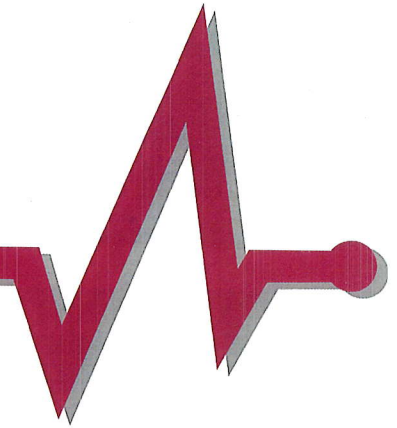




40 Years of Advancing Emergency Care

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## Guidelines Issued for Prescribing of Opiates in the Emergency Department

On May 7, 2012, Gov. John Kasich announced statewide **guidelines** for patient education and the prescribing of opiates in hospital emergency departments and urgent care facilities. Ohio ACEP was represented at Governor's Cabinet Opiate Action Team (GCOAT), which was tasked with developing these guidelines, and several of your colleagues and fellow members contributed to the process.

The guidelines are designed to help hospital emergency departments address patient expectations and common considerations when prescribing opioids and other controlled substances. Importantly, **the guidelines are intended to supplement, not replace, clinical judgment.**

Enclosed in this envelope is a copy of the newly-developed guidelines for your reference. On one side of the document, you will see guidelines and recommendations geared toward emergency physicians and clinicians regarding the prescription of opioids. The other side of the document is patient-focused, designed to assist hospital staff in setting appropriate expectations for patients.

In addition to the Ohio Chapter of ACEP, the following associations and organizations have contributed to and endorse the opiate-prescribing guidelines: Ohio State Medical Association; Ohio Osteopathic Association; Ohio Hospital Association; Ohio Pharmacists Association; Urgent Care College of Physicians; Ohio Bureau of Workers Compensation; Ohio Physician Assistants Association; and Ohio Association of Health Plans.

For more information about the guidelines, physicians and patients are encouraged to visit:  
<http://www.healthyohioprogram.org/ed/guidelines.aspx>

# Welcome

## Pain Management in our Emergency/Acute Care Facility

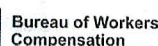
Our staff understands that pain relief is important when someone is hurt or needs emergency care. However, providing ongoing pain relief is often complex. We recommend this be done through your primary health care provider such as your family doctor or pain management specialist. Because mistakes or misuse of pain medication can cause serious health problems and even death, it is important that you provide accurate information about all medications you are taking. Our emergency/acute care facility will only provide pain relief options that are safe and appropriate.

For your safety, we follow these guidelines when managing chronic pain:

1. We are trained to look for and treat an emergency or urgent condition. We use our best judgment when treating pain, and follow all legal and ethical guidelines.
2. We typically do not prescribe narcotic pain medicine for chronic pain if you have already received narcotic pain medication from another health care provider or emergency or acute care facility.
3. We may contact your primary care provider to discuss your care. Typically, we will not prescribe narcotic pain medicine if we cannot talk directly with your primary care provider. If you do not have a primary care provider, we will provide you with a list of those providers in our area.
4. We may provide only enough pain medication to last until you can contact your primary care provider. We will prescribe pain medication with a lower risk of addiction and overdose whenever possible.
5. We will ask you to show a valid photo ID (like a driver's license) when you check into the emergency/acute care facility or before receiving a prescription for narcotic pain medication. If you do not have a photo ID, we may take your picture for the medical record.
6. We may ask you to give a urine sample before prescribing narcotic pain medication.
7. Health care laws, including HIPAA, allow us to request your medical record and share information with other health care providers who are treating you.
8. Before prescribing a narcotic or other controlled substance, we check the Ohio Automated Rx Reporting System (OARRS) or a similar database that tracks your narcotic and other controlled substance prescriptions.
9. For your safety, we do not:
  - a. Routinely give narcotic pain medication injections (shots or IV) for flare-ups of chronic pain;
  - b. Refill stolen or lost prescriptions for narcotics or controlled substances;
  - c. Provide missing Subutex, Suboxone, or Methadone doses; or,
  - d. Prescribe long-acting or controlled-release pain medications such as OxyContin, MS Contin, Duragesics, Methadone, Exalgo, and Opana ER.
10. Frequent users of the emergency/acute care facility may have care plans developed to assist in improving their care. The plans may include avoiding medicines likely to be abused or addictive.
11. If you need help with substance abuse or addiction, please call this toll-free number for confidential referral to treatment between the hours of 8:00 AM and 5:00 PM Monday through Friday: 1-800-788-7254

**It is against the law to attempt to obtain controlled substance pain medicines by deceiving the health care provider caring for you. This can include getting multiple prescriptions from more than one provider or using someone else's name to obtain a prescription.**

Endorsed by:



Facilitated by:





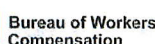
# Ohio Emergency and Acute Care Facility

## Opioids and Other Controlled Substances (OOCs) Prescribing Guidelines

These guidelines are to provide a general approach in the prescribing of OOCs. They are not intended to take the place of clinical judgment, which should always be utilized to provide the most appropriate care to meet the unique needs of each patient.

1. OOCs for acute pain, chronic pain and acute exacerbations of chronic pain will be prescribed in emergency/acute care facilities only when appropriate based on the patient's presenting symptoms, overall condition, clinical examination and risk for addiction.
  - a. Doses of OOCs for routine chronic pain or acute exacerbations of chronic pain will typically NOT be given in injection (IM or IV) form.
  - b. Prescriptions for chronic pain will typically NOT be provided if the patient has either previously presented with the same problem or received an OOCs prescription from another provider within the last month.
  - c. IV Demerol (Meperidine) for acute or chronic pain is discouraged.
2. Emergency medical clinicians will not routinely provide:
  - a. Replacement prescriptions for OOCs that were lost, destroyed or stolen.
  - b. Replacement doses of Suboxone, Subutex or Methadone for patients in a treatment program.
  - c. Long-acting or controlled-release opioids (such as OxyContin®, fentanyl patches, and methadone).
3. Prior to making a final determination regarding whether a patient will be provided a prescription for OOCs, the emergency clinician or facility:
  - a. Should search the Ohio Automated Rx Reporting System (OARRS) database (<https://www.ohiopmp.gov/portal/Default.aspx>) or other prescription monitoring programs, per state rules.
  - b. Reserves the right to request a photo ID to confirm the identity of the patient. If no photo ID is available, the emergency or other acute care facility should photograph the patient for inclusion in the facility medical record.
  - c. Reserves the right to perform a urine drug screen or other drug screening.
4. Emergency/acute care facilities should maintain an updated list of clinics that provide primary care and/or pain management services for patients, as needed.
5. Prior to making a final determination regarding whether a patient will be provided a prescription for an OOCs, the emergency clinician should consider the following options:
  - a. Contact the patient's routine provider who usually prescribes their OOCs.
  - b. Request a consultation from their hospital's palliative or pain service (if available), or an appropriate sub-specialty service.
  - c. Perform case review or case management for patients who frequently visit the emergency/acute care facilities with pain-related complaints.
  - d. Request medical and prescription records from other hospitals, provider's offices, etc.
  - e. Request that the patient sign a pain agreement that outlines the expectations of the emergency clinician with regard to appropriate use of prescriptions for OOCs.
6. Emergency/acute care facilities should use available electronic medical resources to coordinate the care of patients who frequently visit the facility, allowing information exchange between emergency/acute care facilities and other community-care providers.
7. Except in rare circumstances, prescriptions for OOCs should be limited to a three-day supply. Most conditions seen in the emergency/acute care facility should resolve or improve within a few days. Continued pain needs referral to the primary care physician or appropriate specialist for re-evaluation.
8. Each patient leaving the emergency/acute care facility with a prescription for OOCs should be provided with detailed information about the addictive nature of these medications, the potential dangers of misuse and the appropriate storage and disposal of these medications at home. This information may be included in the Discharge Instructions or another handout.
9. Emergency/acute care facilities should provide a patient handout and/or display signage that reflects the above guidelines and clearly states the facility position regarding the prescribing of opioids and other controlled substances.

Endorsed by:



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