Hospital and Hospital Emergency Department Prescribing Guidelines for Reduced Opioid Misuse and Abuse

— Revised Guidelines Effective November 2018 —

- A focused pain assessment prior to determination of treatment plan should be conducted. If the patient's pain prohibits a comprehensive assessment, then judicious use of opioids to alleviate pain is suggested. While the pain assessment should include risk factors for addiction and the incorporation of non-narcotic analgesics, a specific written, comprehensive assessment is not required.[i]
- The Centers for Disease Control and Prevention Guideline for Prescribing Opioids for Chronic Pain should serve as a primary resource. The clinical decision to prescribe opioids in excess of, or for longer duration than the guidelines suggest, should be documented.[ii, viii]
- Diagnoses based on evidence-based guidelines and appropriate diagnostics whenever possible.[iii]
- Non-narcotic treatment of symptomatic, non-traumatic tooth pain should be utilized when possible.[iii]
- Treatment of patients with acute exacerbation of existing chronic pain should begin with an attempt to contact the primary opioid prescriber or primary care provider, if circumstances are conducive.[i, iii, iv]
- In the emergency department, opioid analgesic prescriptions for chronic conditions, including acute exacerbation of existing chronic pain management, should be limited to no more than 72 hours, if clinically appropriate and after assessing the feasibility of timely access for follow-up care.[v, vi]
- For new conditions requiring narcotics, the length of the opioid prescription should be limited to the shortest duration needed, but not to exceed seven days. Outpatient access to follow-up care should be taken into consideration regarding the length of the prescription.[vii, viii, ix]
- Emergency department physicians and providers should not provide prescriptions for controlled substances that are claimed to be lost or destroyed.[iii, iv]
- Unless otherwise clinically indicated, emergency department physicians and providers should not prescribe long-acting or controlled release opioids. If indicated, prescribers should provide tamper-resistant, or abuse deterrent, forms of opioids.[iii, iv, vi]
- When narcotics are prescribed, emergency department staff should counsel patients on proper use, storage, and disposal of narcotic medications.[x]
- Health care providers should evaluate and consider discharging patients at risk of overdose with prescriptions for naloxone.[xi]

Endnotes on reverse. ►

ENDNOTES

i Cantrill, S., et al. (2012). Clinical policy: Critical issues in the prescribing of opioids for adult patients in the emergency department. *Annals of Emergency Medicine, 60*(4), 499-525. doi: http://dx.doi.org/10.1016/j.annemergmed.2012.06.013.

ii Shah, A., Hayes, C. J. & Martin, B. C. (2017). Characteristics of initial prescription episodes and likelihood on long-term opioid use – United States, 2006-1015. *Morbidity and Mortality Weekly Report, 66*(10), 265-269. doi: http://dx.doi.org/10.15585/mmwr.mm6610a1.

iii Agency for Healthcare Research and Quality Health Care Innovations Exchange (2016, January). Interagency guideline on prescribing Opioids for pain. Retrieved September 13, 2018, from https://innovations.ahrq.gov/qualitytools/interagency-guideline-prescribing-opioids-pain

iv Maryland Hospital Association. (2015). Maryland emergency department opioid prescribing guidelines. Retrieved from http://www.mhaonline.org/resources/opioid-resources-for-hospitals

v Centers for Medicare & Medicaid Services. (2018, April 2). *Announcement of calendar year 2019 Medicare Advantage capitation rates and Medicare Advantage and Part D payment policies and final call letter*. Retrieved September 13, 2018, from https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2019.pdf

vi American Society of Addictive Medicine (n.d.) Summary of the comprehensive addiction and recovery act. Retrieved September 13, 2018, from https://www.asam.org/advocacy/advocacy-principles/teach-it/opioids/summary-of-the-comprehensive-addiction-and-recovery-act

vii Rodriguez, T. (2018, March 16). Non-opioid therapies for pain management in the ED. Clinical Pain Advisor. Retrieved from https://www.clinicalpainadvisor.com/acute-pain/emergency-department-pain-management-non-opioid-alternatives-ketamine-regional-anesthesia/article/751223/

viii Dowell, D., Haegerich, T. M. & Chou, R. (2016, March 15). CDC guideline for prescribing opioids for chronic pain – United States, 2016. *Morbidity and Mortality Weekly Report, 65*(1), 1-49. doi: http://dx.doi.org/10.15585/mmwr.rr6501e1

ix Centers for Medicare & Medicaid Services. (2018, April 2). *Announcement of calendar year 2019 Medicare Advantage capitation rates and Medicare Advantage and Part D payment policies and final call letter*. Retrieved September 13, 2018, from https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2019.pdf

x United States Food and Drug Administration (2018, October). Disposal of unused medicines: What you should know. Retrieved September 13, 2018, from https://www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/ensuringsafeuseofmedicine/safedisposalofmedicines/ucm186187.htm

xi American Society of Addictive Medicine (n.d.) *Public policy statement on the use of naloxone for the prevention of opioid overdose deaths*. Retrieved September 13, 2018, from https://www.asam.org/docs/default-source/public-policy-statements/use-of-naloxone-for-the-prevention-of-opioid-overdose-deaths-final.pdf?sfvrsn=f7c177c2_4