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COLUMBIA EMERGENCY MEDICAL GROUP

Long Beach Memorial Medical Center Emergency Department
Pain Management Policy for Noncancer Patients

Scope:
The emergency department (ED) is the universal safety net for medical care in the United States. One of the most common presenting complaints to the ED is pain.[1] Pain is an extremely complex medical condition that encompasses a wide range of pharmacological and non-pharmacological treatment modalities.[2] Chronic pain is defined by the *International Association for the Study of Pain* as "pain that persists beyond normal tissue healing time, which is assumed to be three months."[2] Management of chronic pain requires a multidisciplinary approach that is not optimally achieved in the emergency department. Chronic pain is extremely difficult to manage in the emergency department setting and is optimally managed by a single long-term provider, either the patient's primary care physician or pain specialist.[2] Chronic conditions may include, but are not limited to, headaches, back pain, pelvic pain, dental pain, flank pain/kidney stones, fibromyalgia, and gastroparesis. Chronic pain related to cancer or sickle cell disease is not discussed in these guidelines.

There has been a significant increase in the number of unintentional drug-related overdoses over the past few decades.[3] In 2008, drug overdoses were the second leading cause of injury death in the United States after motor vehicle accidents.[4] The significant increase in opioid related deaths has raised concerns nationally.[5] In an effort to address these issues, local and state efforts have developed opioid prescribing guidelines, increased education and awareness, and increased utilization of prescription drug monitoring programs.

Emergency medicine physicians are experts in the management of pain, however there is a fair amount of variability in how individual clinicians manage pain with respect to pharmacological agents. The goal of this committee is to provide the practicing clinician with a safe, best-practice prescribing guideline for the management of noncancer pain and to develop consistency amongst them for the overall safety of our patients. In addition, we intend to optimize long-term patient outcomes and minimize adverse effects and abuse potential associated with the use of prescribed opioid medications.

These guidelines were developed using recommendations from the 1) Los Angeles County Prescription Drug Abuse Medical Task Force for Safe Pain Medicine Prescribing in the ED[6], 2) AAEM Clinical Practice Statement[7], 3) ACEP Clinical Policy[8] and 4) the California Chapter/ACEP Safe Pain Medicine Prescribing Handout. These guidelines are intended to be used by ED physicians, Advanced Practice Providers and Resident physicians rotating through the department. The proposed guidelines are best practice recommendations but are not intended to replace a physician's clinical judgment.

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Recommendations:

1. Perform an appropriate Medical Screening Exam (MSE) on ALL patients with a complaint of pain, including chronic pain, to determine if an emergency medical condition exists. (See MSE section below for definition)

2. Review medical records and consider accessing a prescription drug monitoring program (ie. CURES Patient Activity Report) to evaluate for recent controlled substance prescriptions. If you are in triage and suspect a patient of opiate dependence, you may place an order for "Pharmacy to run a CURES PAR". Pharmacy will make every effort to obtain report and discuss findings with the medical team.

3. Address exacerbations of chronic pain conditions with non-opioid analgesics, non-pharmacologic therapies, or referral to pain specialists for follow-up.

4. *We do not give parenteral (pain shot) opioid medication for chronic noncancer pain*. In particular, we do not administer Morphine or Dilaudid (hydromorphone) in the emergency department for the treatment of chronic noncancer pain. These recommendations do not apply to patients with sickle cell disease.

5. Communicate and document in an objective, respectful and professional manner.

6. Add "chronic pain" to the past medical history tab in EPIC. See screen shot below.

7. For patients with chronic pain, you may document using the dotphrase **.LBMpainmanagement**

8. Administration of Benadryl® (Diphenhydramine) IV push will be reserved for use only in cases of allergic reaction or at the MD's discretion. Benadryl PO/IM/or IV PB with 50cc NS over 30 minutes is the preferred method for the treatment of chronic pain conditions for which the patient requests Benadryl to be administered

9. Prescriptions for chronic opioids or refilling chronic opioid prescriptions will NOT be provided. Delivery of chronic opioid pain medication should be managed by a single provider. Refer patient to treating clinician who provided the original prescription. We do not refill lost or stolen prescriptions.

10. We do not write prescriptions for SOMA. If a muscle relaxer is required, use an alternative medication such as Flexeril or Zanaflex.

11. Provide safety information (discharge instructions) about the risks of opioid analgesics to patients and follow-up resources.

12. If a prescription for opioid pain medication is necessary for acute pain, prescribe only a short course (3-4 days). In general, we recommend a maximum of no more than 15 tablets and no refills. In certain rare and extreme circumstances, more tablets may be necessary. In those instances, we recommend a maximum of 20 tablets.

13. We do not prescribe long-acting or extended-release opioid analgesics such as methadone, Oxycontin or Fentanyl patch for noncancer patients.

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MSE and Emergency medical condition:
The requirement for a Medical Screening Exam (MSE) includes patients with chronic pain conditions who present to the Emergency Department with a complaint of pain. The MSE will determine if the complaint of pain is a result of an emergency medical condition. An emergency medical condition is defined as a medical condition such that the absence of immediate medical treatment could result in (1) placing the individual's (or unborn child's) health in serious jeopardy, (2) serious impairment of bodily function, or (3) serious dysfunction of any organ or part. Pain alone is not considered by the EMTALA regulations to be an emergency medical condition. Once an emergency medical condition is determined to not exist, the Medical Screening Examination is complete.

EMTALA
The Emergency Medical Treatment and Active Labor Act (EMTALA) mandates that all patients arriving to an Emergency Department receive a medical screening examination. This includes patients with chronic pain. Pain is a potential sign of an emergency medical condition that must be considered when a provider performs a medical screening examination. EMTALA does not regulate nor mandate the actual treatment of pain. EMTALA only mandates the evaluation of pain as a possible symptom of an emergency medical condition. (A) Recently, CMS provided an opinion on the hanging of signs in triage areas describing safe pain medication prescribing guidelines and they ruled against hanging of such signs in triage. They were concerned that these signs might be a deterrent to patients seeking emergency medical care. Information such as brochures or signage can be handed out or can be made visible only after the medical screening exam has been completed.[9]

CURES Database:
CURES, Controlled substance Utilization Review and Evaluation System, is California's prescription drug monitoring program. It is an electronic database designed to monitor the prescribing and dispensing of schedule II-IV controlled prescriptions. It allows registered users to quickly review patient controlled-substance history information via an automated Patient Activity Report (PAR). Provider utilization of CURES database is an essential component to help identify and prevent prescription drug abuse.

Scripting:
"I understand that you are having pain. However, as you know, and according to our records, you have utilized the emergency department on XX occasions in the last YY months/year. If I treated your pain with narcotics right now, you would experience some relief; however, there is increasing evidence that this can actually increase your long-term pain. The reason is that narcotics can, over time, increase your pain receptors and in the long run you actually experience more pain. This is called opioid hyperalgesia. Our practice is not to give narcotic injections for chronic pain. One of the most important recommendations is that your narcotics be administered and prescribed by only a single physician who knows you best."

CAL/ACEP Safe Pain Medicine Prescribing Patient Handout
Will be available for distribution to patients and located in the doctors Pod. This hand out is only to be given after a MSE has been performed. See below.

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Joint Commission

The Joint Commission mandates a pain assessment and then either treatment or referral for treatment. Treatment does not necessitate opioids. The Joint Commission has no mandate that requires ED physicians to provide pain medication in the ED or write for pain medication upon discharge.[10]

Alternative analgesic therapies:

Muscle relaxants: Zanaflex, Flexeril
Topicals: Lidoderm patches, Voltaren gel
Reglan, Compazine
Toradol, Ultram, ibuprofen, acetaminophen PO and IV
Nerve blocks (ie. Dental)

Physician and APP autonomy

Physician and APP autonomy is an important value that should be respected in regards to the acceptable spectrum of practice as well as with those who innovate in an effort to improve patient care. However narcotic medication is a unique situation. Here, group uniformity of practice is essential, because without it, patients become angry and the care provided by future providers is undermined. Physicians must understand that their decision to provide narcotic analgesics impacts not only the immediate patient experience, but also the patient experience provided by every ensuing physician.

Proposed new LBM pain dotphrase ".LBMpainmanagement"

Decision not to use parenteral narcotics for this patient:
The patient's medical records show a concerning pattern of ED utilization for pain. The balance between treating the patient's pain appropriately without abusing the use of opioid pain medications and causing the patient more harm than benefit is difficult to attain perfectly. It is the patient's responsibility to seek further outpatient management with their primary care physician or a pain management specialist.

Decision not to prescribe narcotics for this patient:
The California Prescription Drug Monitoring Program (PDMP) was used to generate a report of narcotic prescriptions recently filled by this patient. It shows numerous narcotic prescriptions by multiple providers. In my judgment, prescribing further narcotics is not in the patient's best interest.

Discussion relating to chronic pain and/or narcotic use:
I discussed with the patient the principles of proper chronic pain management and/or narcotic treatment, including the importance of being under the care of a single prescribing pain specialist or personal physician, in order to minimize the potential for untoward side effects of narcotic therapy. I advised that we are available to provide evaluation and care for future medical problems in the emergency department and to return if condition changes or worsens.

Pain score assessment:
Nursing notes and vital signs reviewed. The patient is expressing a high pain score. Despite this, administering narcotics at this time is more likely to be harmful than helpful to the patient. This was determined based on my judgment, and the totality of my clinical assessment.

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References:

1. Pletcher MJ, Kertesz SG, Kohn MA, et al. Trends in opioid prescribing by race/ethnicity for patients seeking care in US emergency departments. JAMA. 2008;299:70-78.

2. Chou R, Fanciullo GJ, Fine PG, et al. Opioid treatment guidelines. Clinical guidelines for the use of chronic opioid therapy in chronic noncancer pain. J Pain. 2009

3. Piercefield E, Archer P, Kemp P, et al. Increase in unintentional medication overdose deaths: Oklahoma. 1994-2006. Am J Prev Med. 2010;39:357-363.

4. Warner M, Chen LH, Makuc DM, et al. Drug Poisoning Deaths in the United States, 1980-2008. Hyattsville, MD: National Center for Health Statistics; 2011. NCHS Data Brief, No. 81.

5. Paulozzi LJ, Jones CM, Mack KA, et al. Centers for Disease Control and Prevention. Vital signs: overdoses of prescription opioid pain relievers—United States, 1999-2008. Morb Mortal Wkly Rep. 2011;60:1487-1492.

6. Los Angeles County Prescription Drug Abuse Medical Task Force. Safe Pain Medicine Prescribing in Emergency Departments. 2013 http://www.LASafePrescribing.org

7. American Academy of Emergency Physicians. Clinical Policy Statement. Emergency Department Opioid Prescribing Guidelines for the Treatment of Non-Cancer Related Pain. 2013

8. American College of Emergency Physicians. Policy statement. Critical Issues in the Prescribing of Opioids for Adult Patients in the Emergency Department. Ann Emerg Med. 2012

9. ACEP eNow January 22, 2014 Kevin Klauer DO, EJD, FACEP, Medical Editor in Chief and Richard Wild MD, JD MBA, FACEP, CMS Chief Medical Officer for the Atlanta Regional Office (Region 4) ED Waiting Room Posters on Prescribing Pain Medications May Violate EMTALA

10. Joint Commission Standard PC.01.02.07: The hospital assesses and manages the patient's pain.

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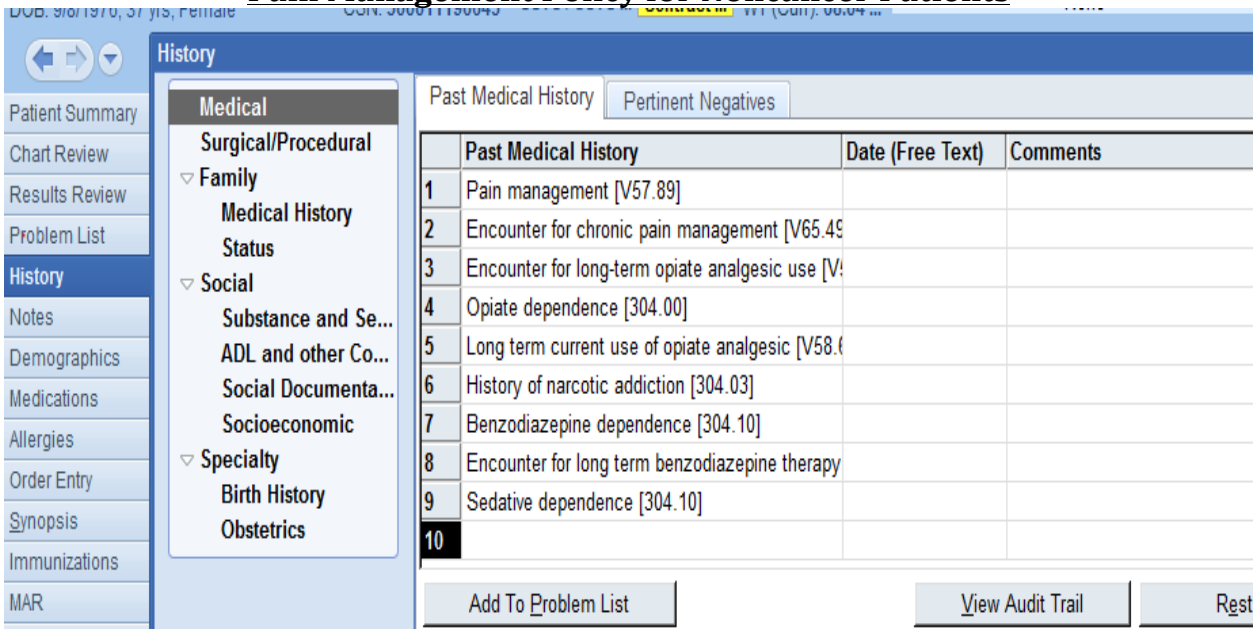

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SAFE PAIN MEDICINE PRESCRIBING
IN EMERGENCY DEPARTMENTS

We care about you. Our goal is to treat your medical conditions, including pain, effectively, safely and in the right way.

Pain relief treatment can be complicated. Mistakes or abuse of pain medicine can cause serious health problems and death.

Our emergency department will only provide pain relief options that are safe and correct.

For your SAFETY, we follow these rules when helping you with your pain.

1. We look for and treat emergencies. We use our best judgment when treating pain. These recommendations follow legal and ethical advice.
2. You should have only ONE provider and ONE pharmacy helping you with pain. We do not usually prescribe pain medication if you already receive pain medicine from another health care provider.
3. If pain prescriptions are needed for pain, we will only give you a limited amount.
4. We do not refill stolen prescriptions. We do not refill lost prescriptions. If your prescription is stolen, please contact the police.
5. We do not prescribe long acting pain medicines such as: OxyContin, MSContin, Fentanyl (Duragesic), Methadone, Opana ER, Exalgo, and others.
6. We do not provide missed doses of Subutex, Suboxone, or Methadone.
7. We do not usually give shots for flare-ups of chronic pain. Medicines taken by mouth may be offered instead.
8. Health care laws, including HIPAA, allow us to ask for all of your medical records. These laws allow us to share information with other health providers who are treating you.
9. We may ask you to show a photo ID when you receive a prescription for pain medicines.
10. We use the California Prescription Drug Monitoring Program called CURES. This statewide computer system

If you need help, please call 2-1-1 and ask for information on treatment services for drug use disorders.

Emergency Departments throughout Los Angeles County have agreed to participate in this important program.

To discuss safer and more helpful chronic pain treatment options, please schedule an appointment with your treating physician.

County of Los Angeles Public Health

Health Services Los Angeles County

California ACEP

Los Angeles County Medical Association

Hospital