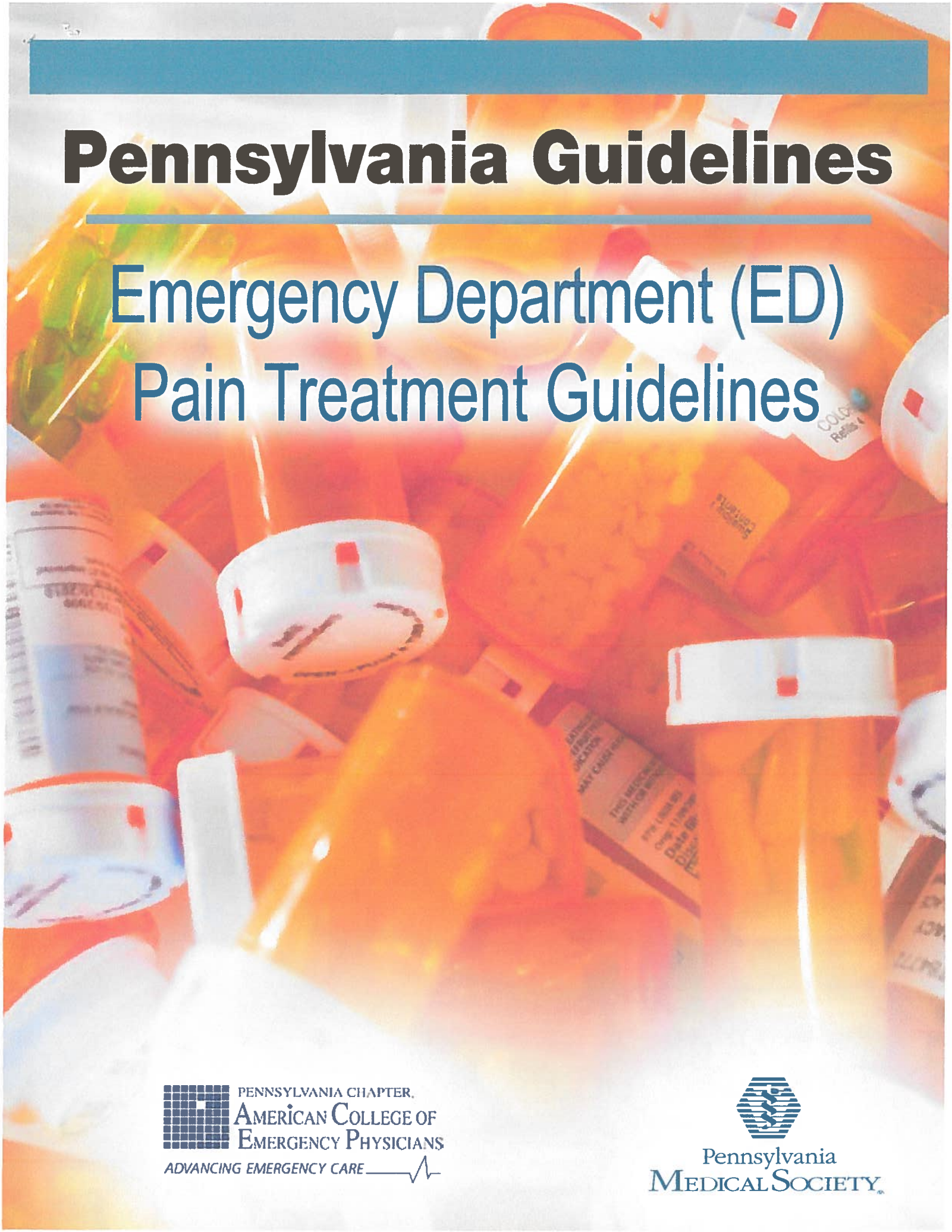
Pennsylvania Guidelines

Emergency Department (ED) Pain Treatment Guidelines



PENNSYLVANIA CHAPTER,
AMERICAN COLLEGE OF
EMERGENCY PHYSICIANS
ADVANCING EMERGENCY CARE

Pennsylvania
MEDICAL SOCIETY

Emergency Department (ED) Pain Treatment Guidelines

Background

Prescription drug abuse has become an issue of national importance as the number of deaths from prescription opioids now exceeds those caused by heroin and cocaine combined. In order to help stem this epidemic, there has been a call for more judicious prescribing on the part of physicians and other healthcare providers.

Objective

To appropriately relieve pain for patients and attempt to identify those who may be abusing or addicted to opioid analgesics and refer them for special assistance.

Guidelines

All patients with a complaint of acute or chronic pain will receive an appropriate history and physical examination, including review when appropriate and, when available, of prior visits. Providers may order additional diagnostic testing as needed. Emergency Department (ED) Providers ("providers" for this document) include physicians and other healthcare providers that care for patients in an ED or other emergency setting.

Treatment of Non-Cancer Pain

1. Opioid analgesics may be appropriate for acute illness or injury.
    a. Discharge prescriptions should be limited to the amount needed until follow-up and typically should not exceed seven days.
    b. When selecting a medication for pain control, the provider should consider non-opioid medications as alternative or concurrent therapy.
    c. When opioids are indicated, the provider should choose the lowest potency opioid necessary to relieve the patient's pain.
    d. An emergency department provider should only dispense the amount of opioid medication needed to control the patient's pain until they are able to access a pharmacy.
2. Emergency providers should not prescribe long acting opioid agents such as OxyContin®, extended-release morphine, or methadone, unless coordinated with the outpatient provider.
3. The patient should not receive opioid prescriptions for chronic or recurrent pain from multiple providers.
4. Upon development of a controlled substances database by the Commonwealth of Pennsylvania, emergency providers should access this as indicated.
5. Emergency providers should not replace lost or stolen prescriptions for controlled substances.
6. Emergency providers should not fill prescriptions for patients who run out of pain medications; refills are to be arranged with the primary or specialty prescribing provider.
7. Patients whose behavior raises the provider's concern for addiction should be encouraged to seek detoxification assistance, and emergency department staff should provide information to assist in this process.

N.B., Care must be given to recognize the complicated and unique aspects of caring for patients in the emergency department setting. The above document represents guidelines which may not necessarily apply to each individual patient. Each patient is different and emergency providers should use their judgment and other resources to best care for each individual patient with acute or chronic pain.