Wheeling – Ohio County Health Department
Emergency Department Opioid Prescribing Guidelines

In collaboration with medical professionals and community leaders in Ohio County, West Virginia, the Wheeling-Ohio County Health Department has developed the following recommended guidelines and best practices to guide emergency department personnel in responding to and discharging emergency department patients seeking treatment for pain.

1. Opioid analgesic medications should not be the preliminary or primary course of treatment designed to relieve a patient's reported pain. Whenever possible, emergency department staff should consider the use of non-opioid medications and other alternative pain-relief treatments before opioid analgesic medications are prescribed to treat a patient's reported pain.

2. When writing a discharge prescription for opioid analgesics, prescribe the lowest possible potency medically necessary to relieve the patient's reported pain.

3. When writing a discharge prescription for opioid analgesics, prescribe no more than a short course of medication that is medically necessary to treat the patient's reported pain. Generally, an emergency department discharge prescription for opioid analgesic medication should not exceed three days.

4. Whenever possible, do not prescribe opioid analgesics to a patient currently taking benzodiazepines and/or other opioid drugs or medications.

5. Do not provide emergency department patients with narcotic pain medication injections if the patient is suffering from a chronic pain condition.

6. Do not prescribe long-acting or extended-release opioid analgesics as the preliminary or primary course of treatment designed to relieve a patient's reported pain. Long-acting extended-release opioid analgesics should only be prescribed when medically necessary and in consultation with an outpatient provider.

7. Before writing a discharge prescription for opioid analgesics, emergency department staff should asses the patient for the risk of opioid misuse or addiction. This assessment should include the use of screening tools and available prescription monitoring program databases.

8. Do not replace lost, stolen, or destroyed prescriptions for opioid analgesics.

9. Do not refill prescriptions for a patient that has run out of pain medication.

10. Provide treatment and education information to patients provided with a discharge prescription for opioid analgesic medications.

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1. **Opioid analgesic medications should not be the preliminary or primary course of treatment designed to relieve a patient's reported pain. Whenever possible, emergency department staff should consider the use of non-opioid medications and other alternative pain-relief treatments before opioid analgesic medications are prescribed to treat a patient's reported pain.**

   Opioid analgesics should not be considered as the primary approach to pain management in discharge planning for patients. Whenever possible and appropriate, emergency department personnel should recommend non-opioid medication such as non-steroidal anti-inflammatory drugs (NSAIDs), acetaminophen, and nerve blocks to treat a patient's reported pain. Whenever possible and appropriate, emergency department personnel should also consider the use of other therapies and treatments that do not require medication to treat a patient's reported pain. Opioid analgesic medications should only be prescribed after these alternative treatment options have been thoroughly considered and when the emergency department personnel has determined that an opioid analgesic medication is medically necessary to treat a patient's reported pain.

   The federal Emergency Medical Treatment and Active Labor Act (EMTALA) requires hospitals to provide a medical screening examination to determine whether an individual presenting at an emergency department has an emergency medical condition. If the hospital determines that a patient has an emergency medical condition, the hospital must provide treatment as may be required to stabilize the patient's medical condition. EMTALA, however, **does not** require the use of opioid analgesics to treat pain. ED prescribers may apply their professional judgment to determine whether prescribing opioid analgesics for pain is the appropriate course of treatment.

2. **When writing a discharge prescription for opioid analgesics, prescribe the lowest possible effective dose medically necessary to relieve the patient's reported pain.**

   When emergency department personnel determine that an opioid analgesic medication is medically necessary to treat a patient's reported pain, the patient should receive the lowest possible effective dose necessary to treat the patient's reported pain. A higher dose increases the risk for dependency and overdose.

3. **When writing a discharge prescription for opioid analgesics, prescribe no more than a short course of medication that is medically necessary to treat the patient's reported pain. Generally, an emergency department discharge prescription for opioid analgesic medication should not exceed three days.**

   Excessive quantities of opioid analgesics increase the risk of misuse, dependency, or diversion. For most patients with acute pain, a three-day supply is generally sufficient. In no event should emergency department personnel prescribe more than a seven day supply of opioid analgesic

medications. If the patient's reported pain outlasts the initial supply prescribed in the emergency department, emergency department personnel should advise the patient to consult with their primary care physician and/or a pain management specialist.

4. **Whenever possible, do not prescribe opioid analgesics to a patient currently taking benzodiazepines and/or other opioid drugs or medications.**

   Opioid analgesics, when combined with other central nervous system depressants or given to patients with certain underlying medical conditions, can increase the risk for overdose. Emergency department personnel should not prescribe opioid analgesics to a patient currently taking benzodiazepines and/or other opioid drugs or medications unless the opioid analgesic prescription is medically necessary to treat the patient's reported pain. If an opioid analgesic is prescribed in combination with benzodiazepines and/or other opioid drugs, the patient should be advised to consult closely with their primary care physician or a pain management specialist.

5. **Do not provide emergency department patients with narcotic pain medication injections if the patient is suffering from a chronic pain condition.**

   Opioid injections are not intended to manage chronic pain. Emergency department personnel should not provide patients with these injections if a patient is suffering from a chronic pain condition.

6. **Do not prescribe long-acting or extended-release opioid analgesics as the preliminary or primary course of treatment designed to relieve a patient's reported pain. Long-acting extended-release opioid analgesics should only be prescribed when medically necessary and in consultation with an outpatient provider.**

   Long-acting and extended-release opioid analgesics are not intended to manage acute or intermittent pain. This class of opioid analgesics may cause fatal respiratory depression when administered to patients not previously exposed to opioids, even when used as directed. Patients being treated with long-acting and sustained or extended-release opioid analgesics for the treatment of pain require close follow-up that cannot reasonably be provided by emergency department personnel.

7. **Before writing a discharge prescription for opioid analgesics, emergency department staff should asses the patient for the risk of opioid misuse or addiction. This assessment should include the use of screening tools and available prescription monitoring program databases.**

   At a minimum, emergency department personnel should conduct a brief screening session with any patient requesting opioid analgesic medication to treat pain. This screening session can provide critical information in the effort to assess the risk that the patient will misuse, divert, or become dependent on the opioid medication. Emergency department personnel can utilize the substance abuse screening test available at www.drugfreeov.com.

   Prescription monitoring program databases contain important information on the patient's controlled substance prescription history. This information should be accessed, whenever possible, when emergency department personnel are deciding whether to prescribe opioid analgesic medications in the emergency department to treat the patient's reported pain. The West Virginia

Controlled Substance Monitoring Program is an online database accessible through the internet. Emergency department personnel should register for access to the database online before they prescribe opioid medications. The online registration is available at https://www.csapp.wv.gov.

8. **Do not replace lost, stolen, or destroyed prescriptions for opioid analgesics.**

   Patients misusing controlled substances may report their prescriptions as having been lost or stolen in an attempt to obtain more pills. Emergency department personnel should not replace these prescriptions unless they are able to obtain verifiable confirmation from the patient's primary care physician or a pain management specialist that the prescription is necessary.

9. **Do not refill prescriptions for a patient that has run out of pain medication.**

   Emergency department personnel should not refill a prescription for opioid pain medication unless they are able to obtain verifiable confirmation from the patient's primary care physician or a pain management specialist that the prescription is necessary.

10. **Provide treatment and education information to patients provided with a discharge prescription for opioid analgesic medications.**

    Patients should be informed of the risks of taking opioid analgesics and be reminded to take them as prescribed, not more frequently or in greater quantities. Risks of opioid analgesics include, but are not limited to: overdose that can slow or stop their breathing and even lead to death; fractures from falls in patients aged 60 years and older; drowsiness leading to injury; tolerance; and dependence. Respiratory depression is more common with use of alcohol, benzodiazepines, antihistamines, and barbiturates. Patients should be reminded to avoid medications that are not part of their treatment plan because they may worsen side effects and increase the risk of overdose.

    A consolidated directory of substance abuse treatment resources available in the Northern Panhandle of West Virginia are available at www.drugfreeov.com. Additionally, the state of West Virginia has developed a hotline to direct patients to substance abuse treatment resources throughout the state by calling 1-844-HELP-4-WV. Emergency department personnel should provide this information to any patient who is taking opioid medications or drugs.

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