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. Following the medical screening, emergency/acute care facilities should provide a patient handout that reflects the above guidelines and clearly states the facility position regarding the prescribing of opioids and other controlled substances.

Endorsed by:
Ohio Chapter of the American College of Emergency Physicians,
Ohio Association of Health Plans, Ohio Association of Physician Assistants,
Ohio Bureau of Workers' Compensation, Ohio Hospital Association,
Ohio Osteopathic Association, Ohio Pharmacists Association,
Ohio State Medical Association

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