

## Franciscan Health System

St. Joseph Medical Center  
St. Francis Hospital • St. Clare Hospital  
Enumclaw Regional Hospital  
St. Anthony Hospital

E-104.00  
Regional  
Emergency  
Services

### REGIONAL EMERGENCY SERVICES POLICY ON CONTROLLED SUBSTANCES

**PURPOSE:** To provide safe prescribing practices for patients with chronic, recurring and acute pain-related complaints in the absence of an Emergency Medical Condition

#### SUPPORTIVE DATA:

- CDC – Injury – Poisoning in the United States – Issue Brief:  
<http://www.cdc.gov/HomeandRecreationalSafety/Poisoning/breif.htm>
- Agency Medical Director Group, Interagency Guideline on Opioid Dosing for Chronic Non-cancer Pain:  
<http://www.agencymeddirectors.wa.gov/Files/Opioid/Gdline.pdf>
- National Center for Health Statistics. Medication therapy in ambulatory Medical care: United States, 2003-04. Vital Health Statistics. Series 13, number 163, December, 2006.
- Emergency Department Acute Pain Protocol (#816)

#### CONTENT

PROCEDURE	KEY POINTS
1. The emergency department (ED) must provide a medical screening examination to all patients presenting for emergency care.	▪Regardless of frequency of visits, all patients must receive a medical screening examination.
2. Some patients present for exacerbations of their chronic, recurring pain from a known condition or illness, or with visits for minor pain-related complaints.	▪Not all patients in the ED will have an emergency medical condition.
3. Patients with any painful condition may request treatment with narcotic medications, but treatment with narcotic medication is not always the best medical care.	▪Treatment of chronic pain outside of a Primary Care Provider (PCP) or treatment of minor complaints with narcotic pain medication, puts patients at risk for accidental overdose, diversion, morbidity and mortality.
4. The treatment of pain will be guided by the provider's judgment.	▪The lowest potency medication should generally be prescribed to reduce the side effects and morbidity associated with these medications.

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<p>5. Narcotic medications should generally not be used for the treatment of minor pain-related complaints.</p>	<ul style="list-style-type: none"> <li>▪For the above reasons.</li> </ul>
<p>6. If chronic pain is to be treated in the ED, the use of oral analgesic is preferred over IV/IM administration.</p>	<ul style="list-style-type: none"> <li>▪Oral analgesics provide a more level, less dangerous treatment option.</li> </ul>
<p>7. If the ED provider deems treatment of a chronic condition necessary with controlled substances, no more than 5 pills will be given and not more often than every 90 days.</p>	<ul style="list-style-type: none"> <li>▪This is an exception to the rule and should ideally be coordinated with the patient's PCP or pain specialist.</li> <li>▪If the patient does not have a PCP the ED will provide a list of community primary care providers to the patient.</li> </ul>
<p>8. The following medications will generally not be prescribed from the ED: Oxycontin, MS Contin, Dilaudid, Methadone, Fentanyl, Soma, Oxymorphone, or other long acting Opioids, except in compelling circumstances to be specifically documented by the provider on why they are necessary beyond the standard choices</p>	<ul style="list-style-type: none"> <li>▪These medications are for use in long term pain management and not appropriate out of the ED.</li> <li>▪They have a high rate of abuse.</li> </ul>
<p>9. Oxycodone (Percocet, Roxicet, etc.) will be provided only in the presence of an objective source of <b>new, severe</b> pain, documented on examination or by diagnostic testing.</p>	<ul style="list-style-type: none"> <li>▪Oxycodone is associated with significant abuse and risk of morbidity and mortality.</li> </ul>
<p>10. If a provider feels that IV analgesic is indicated for treatment, generally no more than three weight based doses will be provided.</p>	<ul style="list-style-type: none"> <li>▪Use of higher doses of IV analgesia in the acute setting may result in patient harm in opiate naïve patients. In those with chronic pain, IV medications should be used only if PO medication is felt to be inadequate or contra-indicated.</li> <li>▪Refer to Emergency Department Acute Pain Protocol. (#816)</li> </ul>

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**ADDENDUM A:** Patient Handout (available in electronic medical record format)

**APPROVAL:** Emergency Services Leadership  
**REVIEW:** 12/2010  
**REQUIRED REVIEW:** 12/2012  
**DISTRIBUTION:** Emergency Services Structure Standards- Department Specific Policies

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### **Franciscan Health System Emergency Department Chronic, Recurring and Minor Pain Treatment Plan**

The Franciscan Health System working with our Emergency Medicine Physicians made a new plan for the use of pain medications for chronic, recurring and minor pain conditions. The State of Washington has had a 400% increase in the death rate related to prescription pain medications. Accidental overdoses are due to prescription drugs in 90% of cases. Emergency Departments give 39% of the prescriptions for controlled substances. As a result, this has become a public health issue and one we are working to fix through this plan. Thank you for your help with this important issue.

#### **Treatment Guidelines**

While we want to treat pain, it is key to remember that medication choices can be very complicated and must be made by the provider with your input. The goal of treatment of chronic, recurring and minor pain will be the use of oral medications (pills). We normally like to use oral medications since they last longer and are safer. There may be a few times when intravenous (IV) pain medication is needed. These will be limited to a few weight based doses with the plan to use oral medications as soon as possible. In addition to pills, your emergency department provider may recommend ice/heat, rest, positioning or other measure which also help with pain.

#### **The following medications will generally not be prescribed:**

<b>Oxycodone (Percocet)</b>	<b>Oxycontin</b>	<b>Fentanyl</b>
<b>Dilaudid</b>	<b>MS Contin</b>	<b>Oxymorphone</b>
<b>Methadone</b>	<b>Soma</b>	<b>Long acting opioids</b>

#### **Chronic Pain**

It is important for your safety and good care that chronic pain issues be treated by one care provider; this should be your primary provider or a pain management specialist. The emergency department cannot give the right level of monitoring and safety checks to manage chronic pain. As a result, **we do not provide medication refills, replacements or supplementation of narcotic pain medications.** Your provider will discuss medication choices with you that will focus on non-controlled substances to help you get to your provider. If you do not have a primary care provider, we can provide you with resources to establish care.

**Thank you for choosing Franciscan Health Systems, we look forward to serving you now and in the future with all of your healthcare needs.**