

Narcotics  
3/26/17

As emergency physicians, we treat pain frequently. And we WANT to treat our patients' pain. What we DON'T want to do is contribute to the current opioid epidemic that we helped create. Thanks to these 5 simple rules, however, we can now prescribe pain medications legally, practically, and confidently to our patients in the emergency department.

Thanks to guidelines provided by the CDC, AAEM, and others, we have...

Our 5 simple rules: "The right way to prescribe narcotics"

- 1) Check the **drug database**.
  - a. May be state / region specific.
- 2) No narcotics for **chronic, non-cancer pain**.
- 3) No narcotics for **acute flares of chronic and recurrent pain**.
  - a. Ex. Flares of chronic back pain, dental pain, abdominal pain, headache...
  - b. Observe for changes / other new issues and treat accordingly
- 4) No narcotics for **patients who already have prescriptions** for opioids / benzodiazepines.
  - a. High risk for respiratory depression.
- 5) Prescribe **NO > 3 days** of pain medication when discharging a patient with pain.
  - a. Too many pain meds DISCOURAGES patient follow up with their PCP.
  - b. The ED is NOT a primary care office.
  - c. The patient's PCP can prescribe them more.

Conclusion:

- Use of these guidelines is best for patient safety.
- Use of these guidelines is liberating and something we can point to when challenging patients desire more medication than is safe to prescribe.
  - o → "Big brother won't let me!"
  - o → less stress for you, better patient care for them.