

ED Pain Treatment Guidelines For Providers

- ✓ Opioid analgesics may be appropriate for acute illness or injury when less addictive therapies such as NSAIDs or acetaminophen are contraindicated or deemed inadequate to reasonable control pain.
 - a. Providers should prescribe the least addictive medications that are expected appropriate analgesia. When appropriate, the provider should consider prescribing Schedule III or Schedule IV drugs instead of Schedule II drugs.
 - b. Emergency providers should not prescribe long acting opioids such as OxyContin®, extended release morphine or methadone.
- ✓ Discharge prescriptions are limited to the amount needed until follow up and should not exceed seven (7) days worth.
- ✓ The patient should not receive opioid prescriptions from multiple providers. Emergency providers should not prescribe additional opioids for a condition previously treated in our ED, in another ED or by another provider.



- ✓ Emergency providers should not replace lost or stolen prescriptions for controlled substances.
- ✓ Emergency providers should not prescribe opioids to patients who have run out of pain medication. Refills are to be arranged with the primary or specialty prescribing providers.
- ✓ Opioids are discouraged for dental and back pain, whether acute or chronic.
 - a. Non-opioid alternatives such as dental block or NSAIDs may be offered.
- ✓ Opioids should not be used to treat migraines, gastroparesis or chronic abdominal/pelvic pain.
- ✓ Patients with chronic non-cancer pain should not receive injections of opioid analgesics in the ED.
- ✓ Providers may consider drug screening as needed to guide treatment decisions.
- ✓ Patients with suspected addictive behavior may be referred to detoxification resources.



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