

VHC ED Pain Management Guidelines

General guidelines

- Consider non-opioid treatments for pain. Opioid analgesics are indicated for the treatment of acute pain only when the severity of pain is expected to warrant their use.
- Start with the lowest possible effective dose of short-acting opioids analgesics.
- Do *not* initiate long-acting/extended-release opioids analgesics.
- Providers should not replace prescriptions for opioid analgesics that are lost or stolen.
- EMPs should not prescribe additional opioids for a condition previously treated in our ED, by another ED, or by another physician - except in consultation with the patient's PCP.
- Avoid the use of parenteral opioids for the management of chronic or recurrent pain.
- Providers are encouraged to consult the Virginia Prescription Monitoring Program (PMP) (at virginia.pmpaware.net) when appropriate prior to prescribing opioid analgesics.

Quantities

- **Most patients with acute pain require no more than 3 days of opioids.**
- **Virginia law prohibits prescribing more than a 7-day supply.**
- Prescribe no more than 50 MME (morphine milligram equivalents) per day. This is equivalent to 30 mg of oxycodone (6 x 5 mg tablets) or 50 mg of hydrocodone (10 x 5 mg tablets) per day.
 - If you exceed this, you must document the reasons to exceed this dose (use --**Opioid** phrase in the Objective section of Empower).

Other medications

- **Avoid prescribing opioid analgesics to patients taking benzodiazepines, carisoprodol (Soma), tramadol, or sedative hypnotics.** In extenuating circumstances, you must:
 - document the circumstances and a tapering plan to achieve the lowest possible effective dose (use --**Opioid** phrase in Objective section of Empower)
 - prescribe naloxone

Naloxone

- **Virginia law requires that we prescribe naloxone along with opioids for patients:**
 - taking benzodiazepines, carisoprodol (Soma), tramadol, or sedative hypnotics, or
 - prior history of overdose or substance abuse
- **Narcan 4 mg/0.1 mL nasal spray. Sig: spray 1 spray into 1 nostril PRN signs of opioid overdose. Dispense: 2 units.**

Discharge/Referrals

- Educate patients on use and risks, and use **Opioid Discharge Instructions**.
- Refer patients to follow up with a primary care provider.
- Refer patients with concern for opioid use disorder to addiction treatment programs (use **Referral - VHC Outpatient Addiction Treatment and Substance Abuse Resources in NOVA region discharge** instruction sheets in Empower).
- Refer patients with multiple ED visits for pain to the Care Plan Committee.