

Reducing prescription painkillers in the Salem Health emergency departments

The problem

- In 1999, less than 3,000 (2,901) Americans died of prescription opiate overdoses. This number has increased 500 percent to nearly 15,000 (14,800) deaths in 2008. (*National Vital Statistic Reports, Vol. 58 No. 19. National Center for Health Statistics, 2010*)
- Nationwide prescription drug overdoses are the second leading cause of injury death after car accidents. (*Warner et al. NCHS data brief #81. National Center for Health Statistics, 2011*)
- In Oregon, more people die of prescription drug overdose than from car accidents. (*CDC National Vital Statistics Reports, Vol. 58:19, 2007*)
- Oregon is ranked highest in the nation for prescription opiate abuse in young adults aged 18-25. (*Oregon State Attorney General's Office*)
- In 2011, 193 Oregonians died from prescription drug overdoses: Methadone, 100; Oxycodone, 56; Hydrocodone, 37. That's more than from heroin and cocaine combined (176). (Oregon State Medical Examiner, 2011 drug-related death statistics)

New Salem Health protocol

- We **no longer refill** lost, missing or stolen prescriptions for controlled substances.
- We will not prescribe long-acting opioids (OxyContin, morphine-SR, Methadone or Duragesic) for non-cancer patients.
- If our work-up and diagnosis shows there is **a medical reason for acute pain medication it will be treated in the usual fashion**, encouraging treatment with non-narcotic medications. Low-dose Schedule-III narcotics may be prescribed for up to three days. Stronger narcotics may be prescribed for opiate-tolerant patients.
- Exacerbations of **chronic pain** presenting in the Emergency Department will be considered a manifestation of chronic pain and administration of narcotic medications will be discouraged. These **patients will be referred back to their primary care provider for pain management.**

- For patients with **no objective findings for pain**—or who indicate the **need for a refill** of narcotic medications—we **review the Oregon Prescription Drug Monitoring database** and at times perform urine drug screens prior to consideration of narcotic prescriptions.
- We **encourage a single outpatient provider to treat all chronic pain**.
- Patients **will be referred to their outpatient physician promptly** and informed that they will not receive further narcotic prescriptions from the Emergency Department for the current problem.
- “On-call” physicians may be contacted by the Emergency Department and asked to arrange outpatient follow-up and/or prescriptions. We may occasionally elect to refill a patient’s medications for up to three days.