

An Alternative to Opioids Guideline for Acute Pain Management in the Emergency Department

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Introduction:

An Alternative to Opioids [ALTO] Guideline introduced into a community emergency department with the goal of decreasing opioid prescribing rates.

Background:

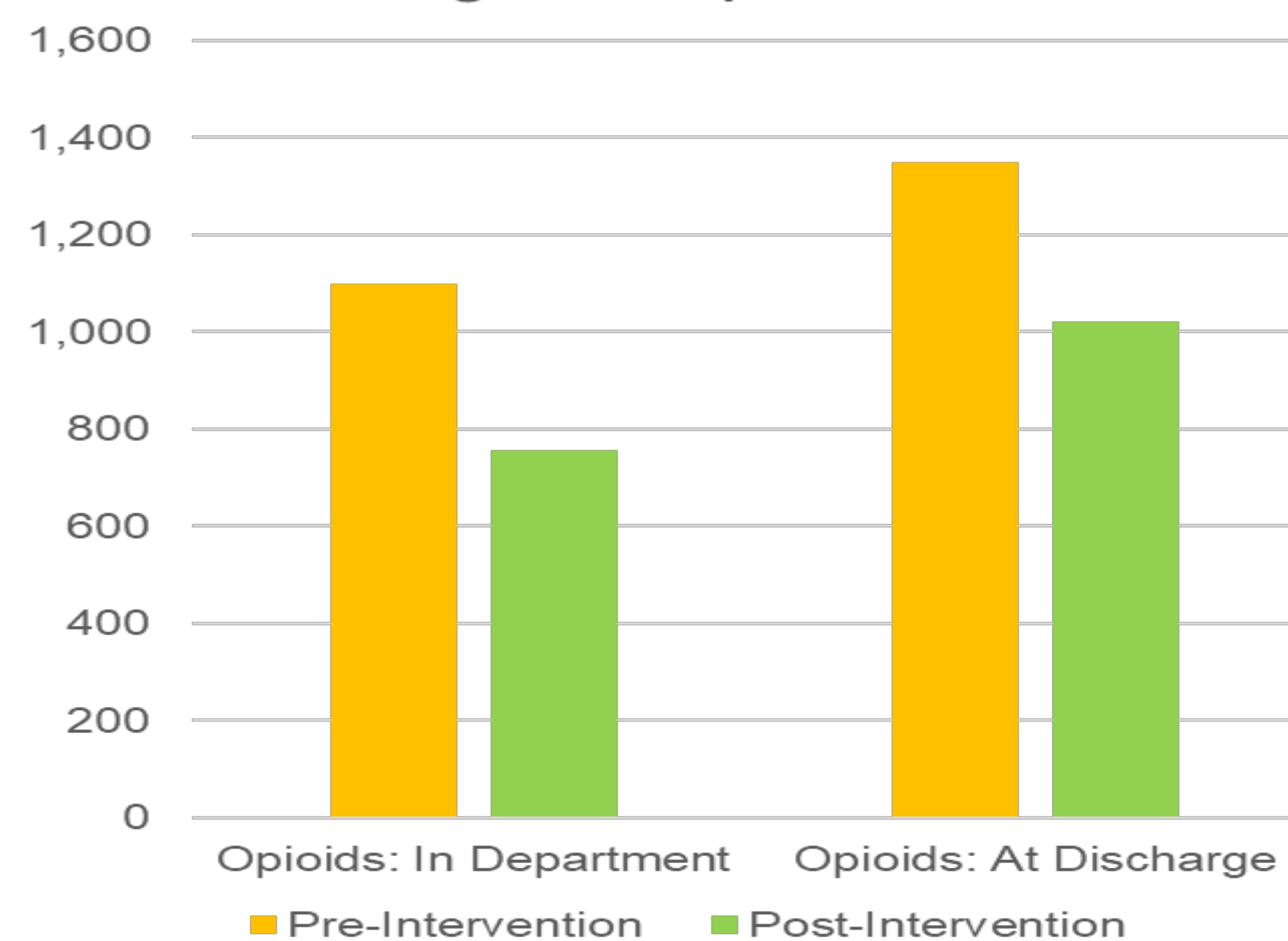
- Adapted from St. Joseph's ALTO Protocol
- ED's responsible for 29% of all opioid medications administered (Xie et al., 2014)
- ALTO approaches linked to decreased opioid administration & ER revisits with adequate pain relief (Cohen et al., 2015; Duncun et al., 2018; Miller et al., 2019)
- New Jersey Opioid Reduction Option [ORO] program aims to decrease opioid prescribing rates to 12% or less (Perschilli, 2020)

Methodology

- **Location:** NJ emergency department
- **Population:** All adults
- **Intervention:** ALTO prescribing guideline
- **Design:** Chart review pre- and post-implementation
- **Outcome Measures:** Comparison of pre- and post opioid prescribing rates in morphine milligram equivalents
- **Sample:** 3-week period of chart review, included 584 charts (357 pre & 227 post)
- **Analysis:** SPSS, Descriptive stats and nonparametric Mann Whitney U test

There was no significant change in opioid prescribing rates within the department but a statistically significant increase in opioids prescribed at time of discharge *after* implementing an alternative to opioid prescribing guideline within a community emergency department.

Comparing Totals in Morphine Milligram Equivalents



Results

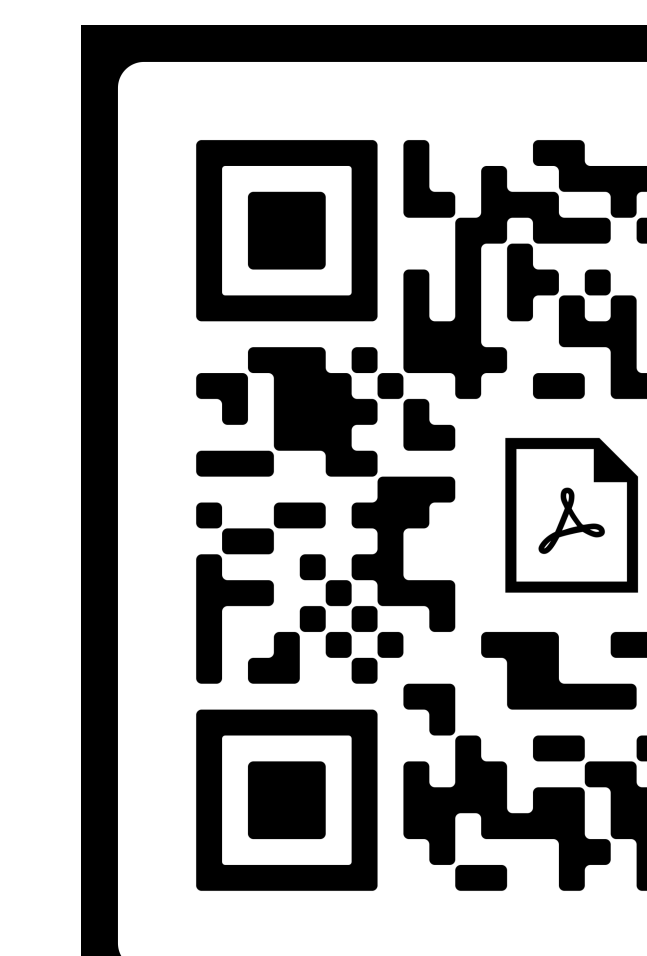
- Opioid prescribing *pre-implementation*: in department mean 3.3mg, total 1,999mg & at discharge mean 4.6mg, total 1,248mg
- Opioid prescribing *post-implementation*: in department mean 3.4mg, total 756mg & at discharge mean 4.7mg, total 1,022mg
- Highest mean morphine milligram equivalents in department and at time of discharge for complaint of "back pain"
- Statistically significant *increase* in mean opioids for patients with *back pain*, post- intervention
- Statistically significant *increase* in opioids prescribed at time of discharge from pre- to post-intervention

Implications

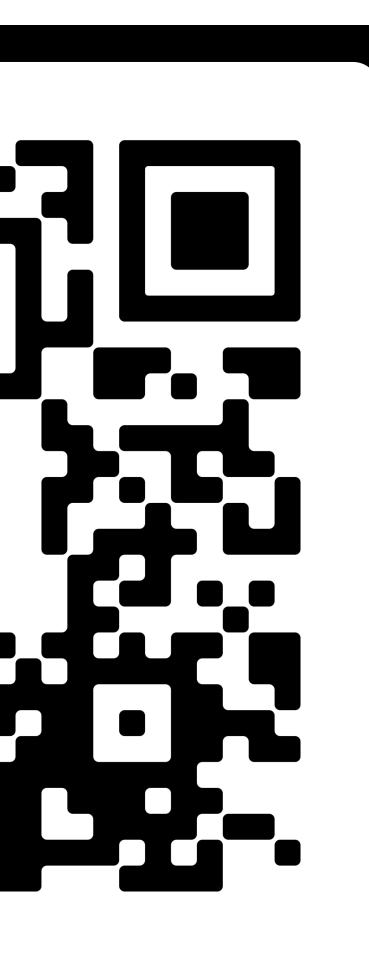
- Results could be attributed to lack of provider knowledge regarding study
- Barriers included inconsistencies in pain documentation, 'pain management' as part of Press-Ganey scores, and project design issues
- Creation of a policy for use of ALTO in the department including yearly provider education on current rates
- Integration into the EMR to promote future use
- Post-implementation survey to providers to gauge use and knowledge of guideline

ALTO GUIDELINE

REFERENCES



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