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

Michele Tirondola BSN, RN, CEN
Chair: Dr. Mary Kamienski, PhD, APRN, FAEN, FAAN, CEN. Team Member: Deborah Booth, PharmD, MSN

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

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

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

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.