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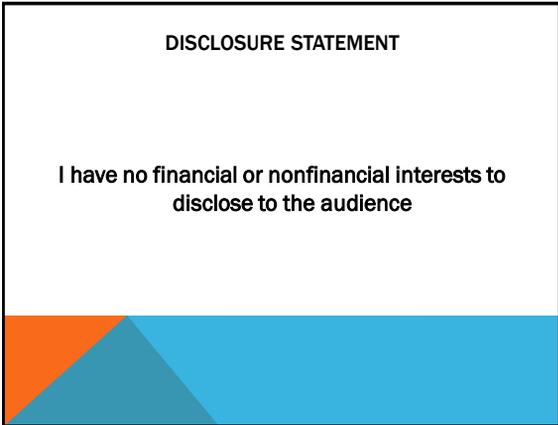
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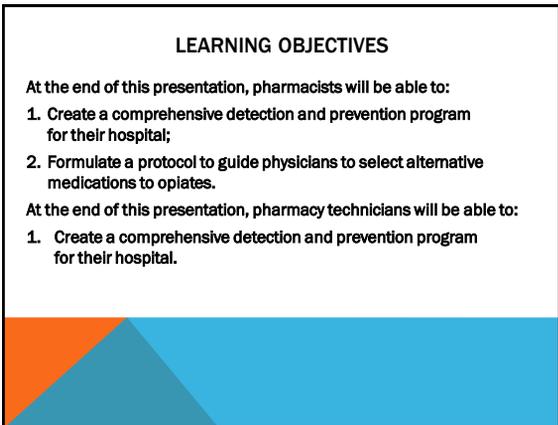
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### ASHP GUIDELINES<sup>1</sup>

- **Support organizations in developing their Controlled Substance Diversion Prevention Program (CSDPP)**
- **Broad range of controlled substance diversion prevention strategies supports:**
  - Patient and healthcare worker safety
  - How to address impaired health care workers
- **Core Elements of a CSDPP**
  - Core administrative elements
  - System-level controls
  - Provider-level controls
- **Self-Assessment Guide**
- **Remain mindful of patient safety and quality of patient care**

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### CDC GUIDELINE<sup>2</sup>

- **Primary care clinicians prescribing opioids for chronic pain outside cancer, palliative, or end of life care**
- **Addresses**
  - When to initiate or continue opioids for chronic pain
  - Opioid selection, dosage, duration, follow-up, discontinuation
  - Assessing risk and addressing harms of opioid use
- **Important receive appropriate pain treatment with careful consideration of benefits and risks of opioid therapy**
- **Improve safety and effectiveness of pain treatment, reduce risks associated with therapy**
  - Addiction
  - Overdose
  - Death

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**BREAKING FREE IN THE ED:  
CONFRONTING THE OPIOID CRISIS**



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### MONTANA STATISTICS

The link between prescription narcotic painkiller abuse and subsequent and/or simultaneous heroin abuse continues to grow. Now across the country **80 percent of recent heroin initiates** had previously used prescription opioids non-medically.\*

From 2011 – 2013 prescription drug overdoses (where no substances other than Rx drugs were present) were responsible for at least **369 deaths and more than 7200 hospital inpatient admissions** and emergency department encounters in Montana (Montana Department of Health and Human Services' Office of Epidemiology and Scientific Support)

Montana kids report the third-highest rate of prescription drug abuse in the country, while nearly 70 percent of prescription painkiller abusers get their drugs from a friend or family member, and most get them for free (2013 National Survey on Drug Use and Health.)




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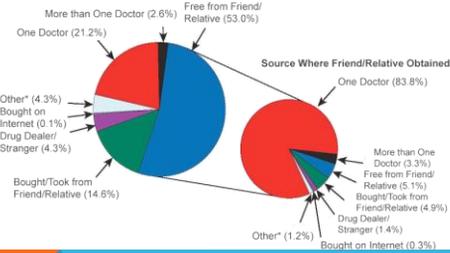
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#### Source where Pain Relievers Were Obtained for Most Recent Nonmedical use Among Past Year

Users Ages 12 or Older: 2012-2013



\*The term "other" includes all other sources: "Other than Doctor or Other Source Requested" (includes 4.3%); "Other Way".  
 Note: The percentage does not add to 100 percent due to rounding.




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### PATIENTS HAVE THE RIGHT TO CONTROL PAIN




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### ALTERNATIVES TO OPIOIDS

**Multi-modal non-opiate approach to analgesia for specific conditions**

**Goals: To utilize non-opiate approaches as first line therapy and educate our patients**

- Opiates will be second line treatment
- Opiates can be given as rescue medication
- Discuss realistic pain management goals with patients
- Discuss addiction potential and side effects with using opiates



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### CERTA APPROACH<sup>3</sup>

- Channels/Enzymes/Receptors Targeted Analgesia
- Shift from a symptom based approach to a mechanistic approach
- Targeted, patient-focused analgesic approach=combinations of non-opioid analgesics=less opioids
- Results in
  - Greater analgesia
  - Reduced doses of each medication
  - Fewer side effects
  - Shorter length of stay



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### LIDOCAINE

- Acts on central and peripheral voltage dependent sodium channels, G protein-coupled receptors, and NMDA receptors
- When used at low doses, lidocaine is generally benign
- Used topically, intravenously, or as trigger point injections
- Caution should be used when giving to patients with a severe cardiac history



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### KETAMINE

- Antagonizes NMDA receptors
- When using ketamine at a low dose, it is generally benign
- Used intrasally or intravenously
- Should not be used in patients with PTSD



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### OTHERS

#### Ketorolac

- 15 mg for everyone!
- No difference in pain reduction with 30 mg vs 15mg
- Great for many pain indications including musculoskeletal pain and renal colic

#### Haloperidol

- Low dose (2.5 mg IV)
- Great for nausea, especially cannabinoid induced hyperemesis

#### Dicyclomine

- MOA: antispasmodic and anticholinergic agent that acts to alleviate smooth muscle spasms in the GI tract
- 20 mg/kg PO/IM (NOT IV!)
- Great for abdominal pain (think cramps)

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### ED PAIN PATHWAYS

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### CONCLUSION

Healthcare organizations should integrate control substance diversion prevention into a comprehensive CSDPP.

With engaged interprofessional leadership and collaboration, organizations can develop organizational and individual awareness and accountability for controlled substance diversion prevention and response.



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### REFERENCES

1. Brummond P, Chen D, Churchill W, et al. ASHP Guidelines on Preventing Diversion of Controlled Substances. *Am J Health-Syst Pharm.* 2017; 74:10-33.
2. Dowell D, Haegerich T, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain-United States, 2016. *MMWR Recomm Rep* 2016;65:1-52.
3. <http://www.propofology.com/Infographs/oerta-concept-of-analgesia>



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