

RI ACEP  
Clinical Policies Committee

Position Paper on opioid pain medications for chronic intermittent, non-cancer related pain  
12/03/2014

This guideline is not meant to replace individual provider judgment. The treating provider is in the best position to make treatment decisions for the individual patient.

When appropriate, providers will follow the guidelines below regarding the use and prescribing of opioid pain medications for chronic intermittent, non-cancer related pain:

- I. Prescriptions for opioid pain medicine given on discharge from the ED will be for no more than a 3-day supply with no refills.
  2. Patients should not receive opioid pain medications for the same condition from multiple providers. ED providers, therefore, should not prescribe refills or additional opioid prescriptions for a condition previously treated by another provider unless there are extenuating circumstances.
  3. Emergency providers should not replace lost or stolen prescriptions for opioid pain medications.
  4. Emergency providers should not give refill prescriptions for patients who have run out of chronic opioid pain medication. Refills need to be arranged with the provider who ordinarily prescribed the medication.
  5. Emergency providers should not prescribe long-acting opioid pain medication such as Oxycontin, extended-release opioids, or methadone.
  6. The administration of opioid pain medication injections in the ED is discouraged for chronic non-cancer pain being treated with chronic opioid pain medications by another provider.
  7. The administration of opioid pain medication injections in the ED is discouraged for certain medical conditions including chronic back pain; routine dental pain; recurrent migraines; and GI conditions such as chronic abdominal or pelvic pain, gastroparesis, cyclic vomiting, hyperemesis cannabinoid syndromes.
  8. Patients with suspected substance abuse behavior should be referred to appropriate treatment resources.
  9. ED providers should access the State of Rhode Island Prescription Monitoring Program. Other electronic resources should also be utilized such as records from prior inpatient and outpatient treatment.
  10. Emergency providers are encouraged to communicate with the patient's regular prescribers or PCP if the patient exhibits concerning behavior related to opioid pain medication use.
    - I I. Patients should be provided detailed information regarding the addictive nature of these medications, and the potential dangers of misuse. This information may be included in the discharge instructions.