

Oklahoma Emergency Department (ED) and Urgent Care Clinic (UCC) Opioid Prescribing Guidelines

Note: These guidelines do not replace clinical judgment in the appropriate care of patients. They are not intended as standards of care or as templates for legislation, nor are they meant for patients in palliative care programs or with cancer pain. The recommendations are an educational tool based on the expert opinion of numerous physicians and other health care providers, medical/nursing boards, mental and public health officials, and law enforcement personnel in Oklahoma and throughout the United States. The guidelines are available at <http://poison.health.ok.gov>.

1. Consider opioid medications for the treatment of acute pain only when the severity of the pain is reasonably assumed to warrant their use.
2. When administering or prescribing opioids, it is suggested that health care providers start with the lowest possible effective dose for the management of pain.
3. When prescribing opioids for acute pain, prescribe no more than a short course, except in special circumstances. Most patients require opioids for no more than three days of pain control, with a maximum of 30 pills in most cases.
4. Providers should query the Oklahoma Prescription Monitoring Program (PMP) for patients presenting with acute pain, prior to prescribing opioid medication. (In circumstances where a patient's pain is resulting from an objectively diagnosed disease process or injury, a clinician may prudently opt not to review the Oklahoma PMP.)
5. In patients suspected of opioid addiction, abuse, or diversion, health care providers should check the Oklahoma PMP and perform screening, brief intervention, and referral to treatment, if indicated.
6. In patients who routinely take opioids for chronic pain, it is ideal that one health care provider provide all opioid prescriptions, with rare exception. When an exception occurs and another provider deems it necessary to prescribe opioids (i.e., a new, acute injury or objectively diagnosed disease process/injury), Oklahoma PMP data should be reviewed, and only enough pills prescribed, if indicated, to last until the office of the patient's primary opioid prescriber opens.
7. Health care providers should not provide replacement prescriptions for lost, destroyed or stolen controlled substances.
8. Long-acting or controlled-release opioids (such as OxyContin®, fentanyl patches, suboxone, and methadone) should not be prescribed from the ED/UCC.
9. For exacerbations of chronic pain, it is suggested that the emergency health care provider attempt to notify the patient's primary opioid prescriber that the patient is under evaluation at the ED/UCC. The emergency health care provider should only prescribe enough pills to last until the office of the patient's primary opioid prescriber opens.
10. The administration of intravenous and intramuscular opioids for the relief of exacerbations of chronic pain is discouraged, except in special circumstances.
11. Always consider risk factors for respiratory depression when prescribing opioids. Use caution when prescribing opioid medications to patients currently taking benzodiazepines and/or other opioids.
12. Provide information about opioid medications to patients receiving an opioid prescription, such as the risks of overdose and addiction, as well as safe storage and proper disposal of unused medications.
13. Health care providers are encouraged to consider non-pharmacological therapies and/or referral to specialists for follow-up, as clinically appropriate.
14. EDs/UCCs should maintain a list of local primary care and mental health clinics that provide follow-up care for patients of all payer types.
15. Emergency health care providers are required by law to evaluate an ED patient who reports pain. The law allows emergency providers to use their clinical judgment when treating pain and does not require the use of opioids when the risks of opioid therapy outweigh the benefits.



Oklahoma Board of Nursing Oklahoma Society of Interventional Pain Physicians