

## **NEW JERSEY CHAPTER, AMERICAN COLLEGE OF EMERGENCY PHYSICIANS** **EMERGENCY DEPARTMENT OPIATE PRESCRIBING GUIDELINES**

1. Emergency department providers are committed to addressing the analgesic needs of all patients presenting for care.
2. Chronic pain syndromes are best managed by physicians with an ongoing relationship with a patient in an outpatient office environment.
3. Emergency department providers should consult the Prescription Monitoring Program (PMP) before writing opioid prescriptions.
4. Physicians should prescribe the lowest effective dose for the shortest possible duration for pain severe enough to require opioids.
5. Emergency department providers should not replace prescriptions for controlled substances that were lost, destroyed, stolen, or finished prematurely.
6. Unless otherwise clinically indicated, Emergency Department providers should not prescribe long-acting or controlled release opioids, such as OxyContin® or fentanyl patches.
7. When opioid medications are prescribed, the Emergency Department staff should counsel the patient regarding risks of opioid therapy, proper storage, and administration.
8. Clinically appropriate administration and prescription of opioids should be provided to patients with cancer pain.
9. Hospitals, in conjunction with emergency department personnel, play a key role in ensuring responsible opioid administration and prescribing. As such hospitals should:
  - Support emergency department practices to provide the most appropriate management to patients with chronic pain.
  - Develop care plans for patients who frequently visit the emergency department for evaluation of acute exacerbations of chronic pain. Coordination should involve the emergency department, hospital, and the primary care provider treating the patient's pain-inducing condition. Such care plans may include patient-specific policies or treatment plans. Screening for brief intervention and referrals to treatment programs for patients who are at risk for developing, or who actively have, substance abuse disorders may be appropriate for these patients.
  - Recognize that parenteral administration of opioids is generally not in the best interest of a patient with an exacerbation of a chronic pain.