Appropriateness of Opioid Prescribing Practices in a Colorado Springs Emergency Department

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Background

- Pain is a primary presenting symptom in 45% of ED visits and 17-21% of ED discharges including an opioid prescription.
- Prescribing short-term opioids is indicated in select clinical settings and may improve quality of life, but there is the potential for misuse and abuse.
- Opioid overdoses have become a major public health concern.
  - 67,000 people died of a drug overdose in 2017.
  - 70% involved an opioid and prescription opioids accounted for 36% of those.
  - ED visits for opioid overdoses have risen 30% and the ED is recognized as a critical point for prevention of opioid abuse.
- There have been declines in opioid prescriptions recently
  - Prescriptions peaked in 2012 at 255 million (81.3 per 100 persons) and declined to 168 million in 2018 (51.4 per 100 persons)
  - Colorado opioid prescriptions were 45.1 per 100 persons in 2018 and El Paso county had a 51.9 per 100 persons prescription rate.
  - From the ED, rate of opioid prescribing peaked in 2010 at 21.5% and declined to 14.6% in 2016.
  - There has been decline in prescription of stronger opioids and in increase in prescription of weaker opioids.
- Despite these decreases in prescribing, CDC reports show an increase in opioid overdoses from 2018 to 2019. This indicates that, though significant improvements have been made, there is still considerable ground to cover. Thus, it is important to take a close look at each ED individually in order to recognize what is being done well and identify areas for improvement.

Aim Statement

Determine the appropriateness of opioid prescribing practices in a large, community-based emergency department in Colorado Springs during the month of October 2019.

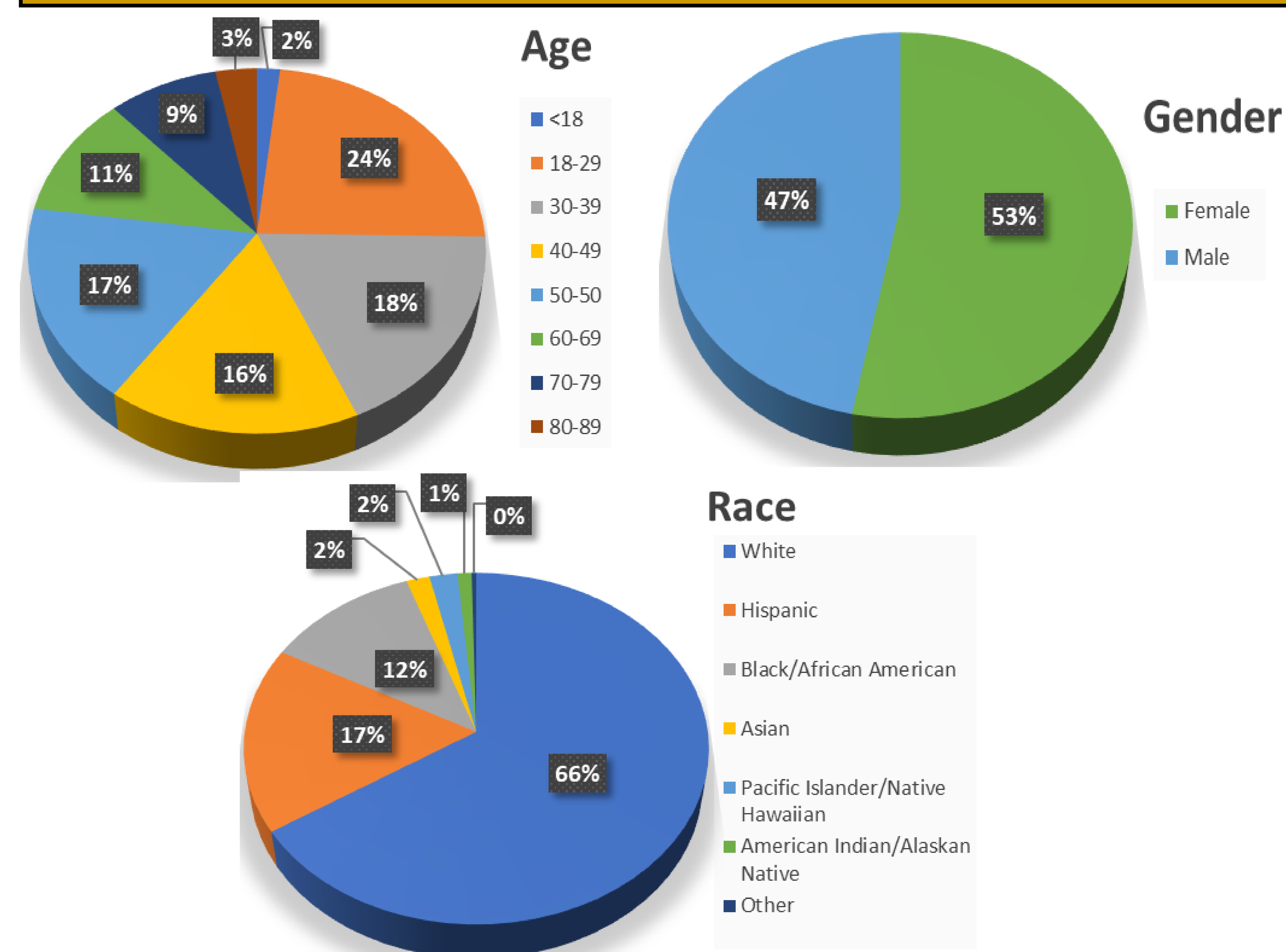
Methods

I conducted a retrospective chart review of all patients who received a narcotic prescription on discharge from a large community-based emergency department in Colorado Springs between 10/1/2019 and 10/31/2019.

Data Abstracted

292 narcotic prescriptions were written in October 2019. 11 patients were excluded due to on limits placed on entering the chart or based on findings within encounter documentation indicating that the prescription was not given to the patient. Data below is from the remaining 281 patient charts. In total, 2537 pills were prescribed.

Patient Demographics (n=281)



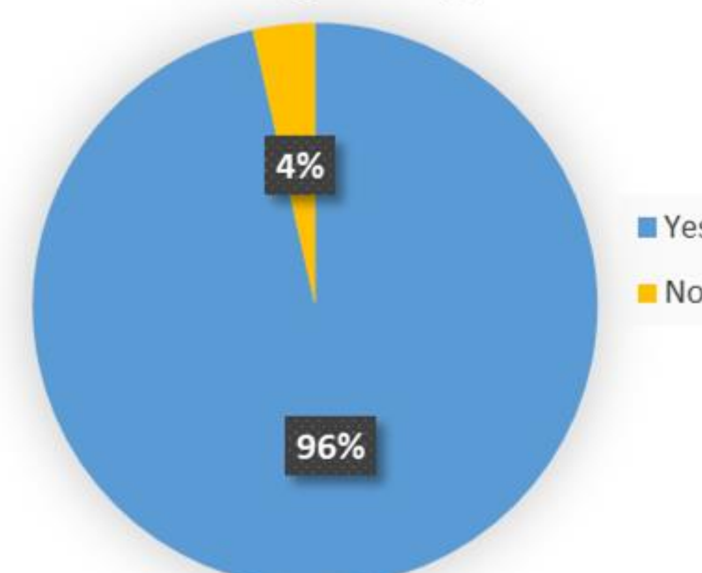
Narcotic Prescriptions (n = 281)

Days:	# of Rx
≤ 1 Days	16
≤ 3 Days	231
≤ 7 Days	31
> 7 Days	3

Drug Given	# of Rx
Percocet	57
Norco	212
Tylenol #3	4
Roxicodone	8

ED Visit Within 30d of Index Visit	# of Pts
ED Visit Within 30 Days	82
For Same Complaint	54
For Distinct Complaint	28
Given Opioid Rx	8
Admitted for Pain Control	7

Appropriate Narcotics Prescription Given Discharge Diagnosis



Discussion and Conclusions

- Excellent opioid prescription practices are occurring. They are appropriate for the clinical setting, written for short duration and for low daily doses, and not for long-acting formulations, thus aligning well with CDC recommendations.
- The question then becomes, has the pendulum swung too far and are EDs still managing pain effectively at discharge?
  - Whether its fear of the potential consequences of opioid use or restrictions placed on prescribing, physicians may now be failing to appropriately treat pain while simultaneously contributing to stigmatization of pain patients.
- ED providers should continue to exercise good opioid prescribing practices, while screening patients for risk of abuse and counseling patients on risk and benefits of these medications.
- Norco is the most prescribed opioid, as it is the lowest morphine equivalents, but may not be effective for all patients.
  - It may be beneficial to have a discussion with patients about what pain control has worked in the past.

Next Steps

- Create a document detailing pain expectations, reasons for limiting prescription of narcotic medications, and alternative pain techniques and resources to give to patients at discharge with or without the addition of an opioid prescription. This would serve as a talking point at discharge as well as a patient resource to review to help patients manage their pain after discharge.
- Mail surveys to patients to evaluate for difference in post-discharge pain control between patients who received the document and those who did not.
- Conduct a chart review to identify differences in bounce-back rates for patients who received the document compared to patients who did not.

References

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