

New hospital guidelines advise caution with ER opioid prescriptions

[By Elizabeth Simpson](#)

[The Virginian-Pilot](#)

Apr 12, 2016

RICHMOND

A state hospital association released guidelines Tuesday to tackle opioid abuse, taking particular aim at prescriptions given in emergency rooms.

The Virginia Hospital & Healthcare Association has been working since January crafting the guidelines, which advise scrutiny of prescriptions for people in chronic pain.

That includes better communication between health providers in emergency rooms and the patients' primary care doctors, and using a state database of prescriptions that can flag people who are doctor-shopping for drugs.

During the past nine years, there have been more than 4,000 deaths related to prescription opioid overdoses in Virginia, according to the association. More than 1,300 babies were born between 2011 and 2014 with a condition called "neonatal abstinence syndrome" due to their mothers' drug use.

Nationally, 61 percent of drug overdose deaths involved some type of opioids.

Anna Kostric, a clinical pharmacy specialist with Sentara Medical Group, worked on the committee. She said the group wanted to create clear lines in prescription writing but also emphasize the importance of providers' clinical judgment in a particular situation.

"We're hoping this will help establish consistency by giving guidance that is straightforward and also give them backing when they're faced with different situations," Kostric said.

The committee included representatives from the state's hospitals and the Virginia College of Emergency Physicians. The panel made 14 recommendations, including:

- Prescriptions for opioids from the emergency department should be written for the shortest possible duration. In situations that involve chronic pain or diagnostic uncertainty, this generally should be for no more than three days.
- Hospitals should screen for substance abuse and have some interventions in place, including referrals to treatment programs.
- Emergency room providers should not provide prescriptions for drugs that were lost, destroyed, stolen or finished too early, and should also require a photo identification.
- Providers should check the statewide database, the Prescription Monitoring Program, to see whether a patient has a history of shopping around for doctors to fill prescriptions.

- Emergency department health providers should avoid prescribing long-acting or controlled-release opioids such as oxycodone, fentanyl patches or methadone unless there's a clinically based reason to do so.
- Emergency personnel should communicate with and coordinate care of a patient with a chronic pain condition with the patient's primary care doctor.