



Assessment of Opioid Use in the Emergency Department After Implementation of Non-Opioid Medication Protocols

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Background

- The overprescribing of opioids in the United States has led to an increase of opioid overdoses.
- In 2016, 53.4 emergency department (ED) visits per 1,000 adults were given an opioid in the United States.
- Decreasing the amount of opioids prescribed in the ED is suggested as one intervention to potentially decrease opioid addictions and related deaths.

Protocols & Education

- Modified the ED migraine and renal colic protocols to only include non-opioid options.
- Developed a new ED protocol for acute ankle sprain that included only non-opioid options.
- All protocols were derived from The ALTO project developed in Colorado.
- Protocols were approved by the pharmacy and therapeutics committee and the physician advisory committee.
- Emergency Department physicians, physician assistants, and nurse practitioners were all educated on the new protocols.

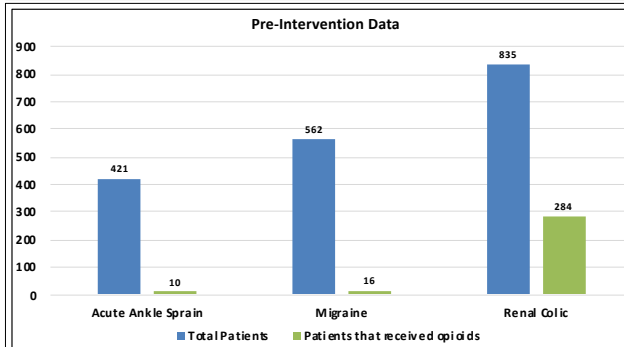
Data Analysis

- Post-Intervention data is from October 1st, 2020 to February 28th, 2021.
- Patients that received an opioid for the diagnosis of renal colic decreased from 34% to 33.1%.
- An increase in opioid use was seen in acute ankle sprain and migraine from 2.4% to 10.8% and 2.8% to 15.6%, respectively.
- This data shows a slight decrease in opioid use when used for renal colic.
- This data does not show a decrease in the use of opioids when treating acute ankle sprain or migraine.

Objective

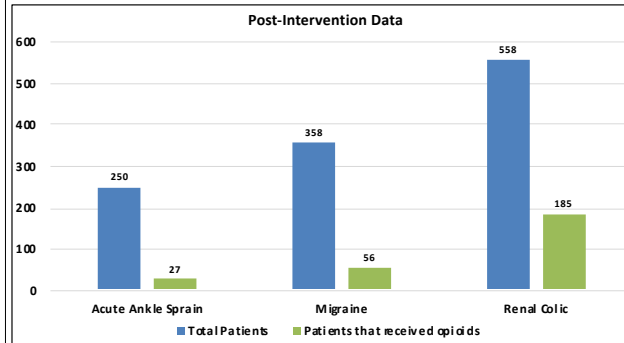
To determine if system-wide implementation of new or revised protocols and education of providers promoting the use of non-opioid options for three common diagnosis would decrease opioid utilization in ARH emergency departments.

Data



Methods

- A retrospective chart review was conducted to compare how many patients were receiving opioids in the emergency department within the ARH system with a diagnosis of renal colic, migraine or acute ankle sprain.
- Data was collected from January 1st, 2020 to June 30th, 2020.
- Patients were selected based on the following inclusion and exclusion criteria:
 - Inclusion: Adults 18 years of age or older and received an opioid in the emergency department with a diagnosis of renal colic, migraine or acute ankle sprain
 - Exclusion: cancer patients, palliative care patients, patients under 18 years of age or long-term opioid use
- Post-intervention data will be obtained after non-opioid protocols are implemented



Discussion

- Overall, the number of patients treated for any of the 3-diagnoses decreased, while the number of patients treated with opioids increased, except for renal colic.
- The data analyzed gave us a baseline of where we stand with our opioid use in the ED.
- In the future, additional education can be done to continue encouraging providers to decrease use of opioids.
- Physicians, physician assistants, nurse practitioners, pharmacists, and nurses will continued to be educated on other options to use other than opioids.

References

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Disclosures

M. Elleyna Clinton, PharmD: No Disclosures
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Amanda Hall, PharmD: No Disclosures