Opioid Use in the Acute Care Setting
Ann Fiala, RN, BSN, CPHRM, CHC

In recent years, studies have looked at the risks associated with prescribing opioids for managing pain. According to the Centers for Disease Control and Prevention (CDC), the use of opioids for treating chronic pain has been increasing.1 “In 2010, an estimated 20% of patients presenting to physician offices in the United States with pain symptoms or diagnoses were prescribed opioids.”2 The CDC has also stated, “More people died from drug overdoses in 2014 than in any year on record. The majority of drug overdose deaths (more than six out of ten) involve an opioid. … 78 Americans die every day from an opioid overdose.”3 Too many people are dying. We are in a crisis. This crisis has prompted the CDC to develop formal opioid prescribing guidelines for managing chronic pain.4 The treatment of chronic pain with opioids clearly needs to be addressed, but what about medical and surgical patients experiencing acute pain? Managing the pain of hospitalized patients can be a complex balancing act. How can opioid prescribing guidelines be applied to this patient population?

Consider the following:

• **Know your patient.**
Completing a detailed history and physical as soon as possible will help with developing an individualized care plan. Consideration should be given to at-risk behaviors, such as alcohol or drug abuse, that may contribute to opioid disorders. In addition, care should be given to evaluate hepatic and renal function, age, psychiatric co-morbidities, and respiratory function before prescribing opioid therapy.5, 6

In those states with a prescription monitoring program, providers should access the database to determine a patient’s past history of opioid prescriptions.
(See link provided for a list of participating states: http://www.namsdl.org/library/CAE654BF-BBEA-211E-694C755E16C2DD21/)

While emergency room providers may not have time to obtain a completely detailed history and physical, careful consideration should nevertheless be exercised before administering opioid medications in an emergency setting. The American College of Emergency Physicians (ACEP) has a web page dedicated to opioid resources (https://www.acep.org/opioids/).

The pre-operative period is a crucial time to manage the expectations of surgical patients regarding post-operative pain. By utilizing a shared decision-making model, physicians and patients can develop a multimodal (utilizing more than one method of treatment such as medication, biofeedback, alternative therapies, etc.) pain management plan that is based on individual values and past experiences, while also fostering higher patient engagement.7, 8

• **Use opioids judiciously**
Opioids have a place for treating acute pain in a hospital setting, but they should be used in conjunction with other modalities and under well-defined, evidence-based protocols. Mismanaging opioid treatment in acute care settings may lead to patient safety occurrences (e.g., respiratory depression, falls), surgical complications, increased length of stay, higher costs, and opioid abuse disorder. Providers and front-line caregivers should receive regular
education regarding the origins of pain, pain assessments, the risks of opioid medications, alternative pain management methods, and how to communicate with patients.9

The CDC guidelines offer the following advice:

> When opioids are used for acute pain, clinicians should prescribe the lowest effective dose of immediate-release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. Three days or less will often be sufficient; more than seven days will rarely be needed.10

Additionally, communicating with patients and family members regarding the risks and benefits of opioid medications will enhance patient engagement and compliance.

- **Evaluate non-opioid pain management modalities.**

While opioids have been prolifically used to treat acute pain in recent years, a number of alternate methods that may work just as effectively are available. Providers should consider alternatives such as NSAIDS and nonpharmacological therapies (e.g., weight loss, physical therapy, exercise therapy).11 As with any treatment plan, partnering with patients and their family members to determine the best combination of care will typically provide the best results.

Oftentimes, a patient’s first exposure to opioid pain medication is during an acute hospital visit or stay. If not handled appropriately, this can lead to a lifetime of addiction and possibly death. It is vital that hospital care teams are educated about the dangers of opioid use and that care systems support a culture of multimodal pain management and partnering with patients and family members to identify the best options for managing pain.

We hope you found this RisKey helpful. If you have questions or would like further resources on this topic, please contact your Coverys Risk Management consultant.

References

2. Ibid.
8. Anderson G, Solomon L (Eds.).
9. Ibid.
10. Dowell D, Haegerich TM, Chou R.
11. Ibid.

These links are being provided as a convenience and for informational purposes only; they are not intended and should not be construed as legal or medical advice. Coverys Risk Management bears no responsibility for the accuracy, legality or content of the external site or for that of subsequent links. Contact the external site for answers to questions regarding its content.