

Title: Prescribing Narcotic and Sedative Medications in The ED		Policy Number: 10-6011-502
Originating Department: Patient Care Services	Affected Department: MRH ED, RMH ED, MMH ED, Hoke Hospital ED	
FHC adopts this Policy & Procedure for FHMRH Exclusions: <input checked="" type="checkbox"/> No Exclusions <input type="checkbox"/> Richmond Campus <input type="checkbox"/> Hoke Campus <input type="checkbox"/> Moore Regional Hospital Campus		
Director Approval:	Original Date: 03-2013 Revised Date: 05-2013 Reviewed Date: MM-yyyy	Executive Approval:

POLICY/PURPOSE: It is the policy of FirstHealth of the Carolinas (FHC) System that the following policies and practices are for patients treated in the FirstHealth Health System Emergency Department who, after a medical screening exam, are found not to have an Emergency Medical Condition. Emergency Medical Condition for the purposes of this policy shall be defined as “A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in placing the patient’s health in serious jeopardy, serious impairment of bodily functions or serious dysfunction of any bodily organ or part.”

- With few exceptions it is our position that patients who present for treatment of chronic conditions shall only be treated with medications that are not DEA Schedule II, III or IV substances while in the Emergency Department.
- With regard to the prescribing of these Controlled Substances, FHC System believes it is the patient’s responsibility to maintain active prescriptions with their personal physicians. As a result, it is our practice that the Emergency Physicians not prescribe DEA Schedule II, III or IV substances for chronic conditions.
- Patients who frequently visit the Emergency Department seeking relief from certain painful conditions will be considered to have a chronic pain syndrome. These conditions include migraine headaches, back and neck pain, pelvic or ovarian pain, dental pain, fibromyalgia, recurrent musculoskeletal pain, recurrent minor musculoskeletal trauma among other conditions. A patient may fall into this category of frequent visits if they have more than 2 visits in a thirty day period or more than 6 visits per year for painful conditions, or frequent narcotic use as evidenced by North Carolina Controlled Substance Reporting System (NCCSRS) review.
- Once a patient is designated as having chronic pain per this policy the staff will be supporting this management: (1) For a patient who has a physician, the patient will be encouraged to follow up with that physician. (2) For a patient who does not have a physician, the patient will be provided with a list of physicians and clinics in the area that are accepting new patients.
- In the event of an acute problem for which the Emergency Department Provider deems it appropriate for a patient to be administered a Schedule II, Schedule III or Schedule IV substance, determination will be made that the patient has a responsible adult for transportation home when discharge home is likely and that this adult will be with the patient until the full effects of the medication are gone.
- If a patient has been treated for an acute condition in the Emergency Department which requires either specific specialty or generalist follow up for that condition and is referred for that condition, and who subsequently returns to the Emergency Department requesting Schedule II, III or IV substances, the patient shall be advised that (1) specialty or generalist and not emergency care is warranted and that the individual must seek specialty or generalist care for treatment and (2) no Schedule II, III or IV substances shall be prescribed.

The purpose of this policy is to provide review and discussion of regulatory influences and best practice recommendations addressing the prescribing of opioids and sedating medications through the Emergency Department FHC System has adopted this policy regarding the ordering and prescribing of DEA Schedule II, Schedule III and Schedule IV Controlled Substances. This policy has been developed because (1) FHC System is increasingly concerned about the abuse of Controlled Substances. Additionally, (2) it is not the mission of this Emergency Department to practice medicine in a venue to monitor the treatment of chronic conditions treated by these substances. It will be the responsibility of the Emergency Department Provider to document the indications for the ordering or prescribing of all Schedule II, III or IV substances in the medical record and to also record any prescription written for

these substances in the patient's chart. FHC System discourages the use of these substances except when within the accepted guidelines.

DEFINITIONS:

1. Drug-Seeking Behavior: "Drug-seeking behavior" is a widely used, although poorly defined term, which refers to a patient's persistent, manipulative, and/or demanding behavior to obtain medication. It may include obtaining or attempting to obtain a prescription drug, procure or attempt to procure the administration of a prescription drug by fraud, deceit, willful misrepresentation, forgery, alteration of a prescription, willful concealment of a material fact, or use of a false name or address. Seeking excessive prescribed drugs is a crime when it involves fraud, forgery, deception or subterfuge.
2. Drug abuse means the use of a psychoactive substance for other than medicinal purposes which impairs the physical, mental, emotional, or social well-being of the user.

PROCEDURE:

I. General Guidelines

- A. A provider may request verification of patient identity by a picture ID or other identifying information at any time. If there is suspicion that a patient is falsely presenting for pain control or another condition requiring pain management, it is recommended that verification of patient identity be established.
- B. If during the course of the patient care encounter, the provider suspects that the patient is exhibiting **Drug Seeking Behavior**, the reason shall be documented objectively in the patient's health record. When applicable, the following information should be included in the documentation and action plan:
 1. Provision of appropriate medical screening examination and stabilizing treatment if the patient has presented to the emergency department or to another area of the hospital appearing to need emergency care (Emergency Medical Treatment and Active Labor Act - EMTALA).
 2. Results of positive blood or urine drug screen tests.
 3. Review of past history of drug-seeking behavior (based on review of objective findings in the patient's health record history/documentation, etc.).
 4. Provider utilization and review of NCCSRS to determine if drug-seeking behavior is established and also to obtain any other useful information that can help guide patient's care.
 5. Summary of feedback from other reliable and objective internal and external resources as determined appropriate by the provider (e.g., other health care providers, nursing staff, pharmacists, etc.).
 6. Objective and subjective findings upon patient presentation (e.g., documenting such findings as what the patient is saying, what they are doing and how they are acting).
 7. Referral to the patient's primary healthcare provider or a pain management specialist, if appropriate.
 8. Referral to available internal/external resources such as social services, counselor, other healthcare provider, if appropriate.
 9. Recommended use of alternative modes of acute pain management such as local nerve blocks, physical therapy, etc.
 10. Referral for counseling, if drug abuse or misuse is suspected.
 11. Recommendation for establishment of a pain management contract with PCP or pain clinic.
 12. It is our practice to implement clear communication with the patient. Discussion may include the fact that they are exhibiting Drug Seeking Behavior, their treatment plan, the amount of narcotic medication that is necessary in the provider's opinion if any, the fact that the amount or type of medication they are seeking is not necessary or advisable, and education about the fact that refusal to prescribe narcotics is not a refusal of care. Patients may also be provided a copy of "Prescribing Pain Medication in the Emergency Department," as well as contact information for Navistar for community resources.
 13. Provision of only a limited supply of medication if a prescription is issued.
 14. Counseling/education of the patient about the appropriate use of controlled substances, including the risks and warnings of the symptoms of dependence.
- C. A final diagnosis of "**Drug Seeking Behavior**" should be avoided unless there are strong objective findings recorded in the health record to support the diagnosis.

II. Healthcare Team Education

- A. FHC ED Medical Directors shall provide education to workforce members on this policy as well as any other resources for providers who may encounter patients demonstrating drug seeking behavior, particularly in the emergency department and provider offices. The information provided in this policy is established as guidance and is not intended to restrict or limit the provider's right to exercise his or her independent professional judgment.

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03/21/2013 Endorsed by Narcotic Prescribing in ED Task Force
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