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Oregon Emergency Department (ED) Opioid Prescribing Guidelines

1. One medical provider should provide all opioids to treat a patient's chronic pain.
2. The administration of intravenous and intramuscular opioids in the ED for the relief of acute exacerbations of chronic pain is discouraged.
3. Emergency medical providers (EMPs) should not provide replacement prescriptions for controlled substances that were lost, destroyed or stolen.
4. EMPs should not provide replacement doses of methadone for patients in a methadone treatment program.
5. Long-acting or controlled-release opioids (e.g., OxyContin®, fentanyl patches and methadone) should not be prescribed from the ED.
6. EMPs are encouraged to access the online Oregon Prescription Drug Monitoring Program.
7. EMPs should exercise caution when considering prescribing opioids for patients who present to the ED without a government issued photo ID.
8. Primary care and pain management physicians should make patient pain agreements accessible to local EDs and work to include a plan for pain treatment in the ED.
9. EDs should coordinate the care of patients who frequently visit the ED using an ED care coordination program.
10. EDs should maintain a list of clinics that provide primary care for patients of all payer types.
11. EDs should perform screening, brief interventions and treatment referrals for patients with suspected prescription opiate abuse.
12. The administration of Demerol® (Meperidine) in the ED is discouraged.
13. For exacerbations of chronic pain, the EMP should contact the patient's primary opioid prescriber or pharmacy, if possible. If prescribing, the EMP should only prescribe enough pills to last until the office of the patient's primary opioid prescriber opens.
14. Prescriptions for opioid pain medication from the ED for acute injuries, such as fractured bones, in most cases should not exceed 30 pills.
15. ED patients should be asked about a history of or current substance abuse prior to prescribing opioid medication for acute pain.
16. EMPs should be supported and should not be subject to adverse consideration when respectfully adhering to these guidelines.
17. EMPs are required by law to evaluate an ED patient who reports pain. The law allows the EMP to use their clinical judgment when treating pain and does not require the use of opioids.

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