Colorado ALTO Project

Nurse Training Materials
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# Our Partners

[Logos of the partners]
In 2017, Colorado Hospital Association (CHA) partnered with 10 hospital emergency departments (EDs) on a six-month pilot program with the goal of reducing the administration of opioids in the ED by 15 percent. This would be achieved by changing prescribing guidelines and using new protocols for alternatives to opioids (ALTOs) as first-line treatments for pain management, administering opioids sparingly or only as rescue medications.

All 10 EDs successfully completed the opioid pilot, achieving a reduction in opioid administration rates of more than double the 15 percent goal on average. In addition, the 10 EDs increased their use of ALTOs by more than 31 percent, with ALTO administration surpassing opioid administration near the end of the six-month pilot.

To learn more about the Colorado ALTO Project visit www.cha.com/opioid.
Introduction:
Colorado ALTO Project | Nurse Toolkit

Course Overview
Thank you for participating in the Colorado ALTO Project. The Colorado ALTO Project Nurse Toolkit provides information and resources to assist in the education of nurses in the following areas:
- Colorado’s opioid crisis
- The Colorado Opioid Safety Pilot
- The Colorado Chapter of the American College of Emergency Physicians
- 2017 Opioid Prescribing & Treatment Guidelines
- Use of alternatives to opioids (ALTOs), procedures and pain pathways
- ED nursing interventions
- Potential barriers to implementation of the Colorado ALTO Project in the ED
- Patient and family member ALTO communication strategies
- Pain and risk assessment strategies
- Patient and nurse satisfaction strategies

Nurse ALTO Training Curriculum
The nurse ALTO training curriculum has three main components: training sessions/webinars, handouts and podcast links.

Nurse ALTO Training Sessions
The nurse ALTO training session is presented in one, 90-minute in-person session, a PowerPoint presentation provided by CHA and presented by your organization's identified trainer or a recorded webinar.

Handouts
The Nurse ALTO training kit includes multiple sample handouts:
- Pain pathway indication algorithm
- Patient and family nurse scripting for role playing
- ALTO newsletter inserts
- ALTO poster
- Badge Buddy

Podcast Links
The nurse ALTO toolkit offers a variety of podcasts from Emergency Medical Minute that can be accessed at the convenience of the caregiver. For podcasts, visit Emergency Medical Minute. 
https://emergencymedicalminute.com/opioid-miniseries/

For more information on the Colorado ALTO Nursing Training toolkit, contact Diane Rossi MacKay at Diane.RossiMacKay@cha.com.
Scripting for Alternatives to Opioids
Medication Administration

Introduce yourself as a member of the patient’s care team. Ensure you are talking to the correct patient and acknowledge the patient’s chief complaint (i.e., pain).

Hi Mr./Ms. ____________________________, I understand you are having significant __________________ pain, is this correct?

Introduce the medication you will be using for the pain.

The medication we will be using to help control your pain is ___________________________.

Explain how long the medication will take to work and how long it will work for.

This medication will take about _______minutes to start working and should help to control your pain for __________________ minutes/hours.

Explain to the patient how the medication will work (check with pharmacist if you have any questions).
Discuss possible side effects. Answer all the patient’s questions and address any concerns.

This medication will help control your pain by ________________________________________________.
There are possible side effects to this medication, including _______________________________________________.
I will be checking back with you, and we will be monitoring you carefully.

Thank the patient for his/her time; reassure the patient you will work together to develop a good plan to take care of his/her pain.

Thank you for your time Mr./Ms. ____________________________.  What questions do you have with respect to our pain plan?

EXAMPLE:

Hi Mr. Smith, my name is Jane Doe, and I will be part of your care team today. I understand you are having significant pain in your knee, is this correct?

The medication we will be using to control your knee pain today is called ketorolac.

Ketorolac will take about 30 minutes to start working and should help control your pain for four to six hours.

This medication works like Advil and will decrease the swelling in your knee that is likely causing your pain. There are possible side effects from ketorolac such as mild nausea or an upset stomach. If you feel anything, just use your call light, and let me know. I will be checking in on you, and we will also be carefully monitoring you at the nurses’ station. If this medication does not control your pain, we can talk about other alternatives that may help. What questions can I answer for you right now?

Thank you for your time Mr. Smith. I would like to reassure you that our primary goal is to make sure you are comfortable. We have found with many patients who have knee pain like yours, the ketorolac is very effective in helping to control the pain. I will check back with you shortly to make sure you are getting the pain relief we expect. In the meantime, please let me know if you have any questions or need anything.
Headache/Migraine

**Immediate/First-Line Therapy:**
- 1 L 0.9% NS + high-flow oxygen
- Ketorolac 15 mg IV
- Metoclopramide 10 mg IV
- Dexamethasone 8 mg IV
- Trigger point injection with lidocaine 1%

**Alternative Options:**
- APAP 1000 mg PO + ibuprofen 600 mg PO
- Sumatriptan 6 mg SC
- Promethazine 12.5 mg IV OR prochlorperazine 10 mg IV
- Haloperidol 5 mg IV
- Magnesium 1 g IV
- Valproic acid 500 mg IV
- Propofol 10-20 mg IV bolus every 10 min

**If Tension Component:**
- Cyclobenzaprine 5 mg OR diazepam 5 mg PO/IV
- Lidoderm transdermal patch

Musculoskeletal Pain

**Non-IV Therapies:**
- APAP 1000 mg PO + ibuprofen 600 mg PO
- Cyclobenzaprine 5 mg PO OR diazepam 5 mg PO
- Gabapentin 300 mg PO
- Lidoderm patch (max 3 patches)
- Ketamine 50 mg IN
- Trigger point injections with lidocaine 1%

**IV Therapy Options:**
- Ketamine 0.2 mg/kg IV ± 0.1 mg/kg/hr gtt
- Ketorolac 15 mg IV
- Dexamethasone 8 mg IV
- Diazepam 5 mg IV
Renal Colic

Immediate/First-Line Therapy:
- APAP 1000 mg PO
- Ketorolac 15 mg IV
- 1 L 0.9% NS bolus

Second-Line IV Therapy:
- Lidocaine 1.5 mg/kg IV (max 200 mg)

Alternative Option:
- DDAVP 40 mcg IN

Chronic Abdominal Pain

Immediate/First-Line Therapy:
- Metoclopramide 10 mg IV
- Prochlorperazine 10 mg IV
- Diphenhydramine 25 mg IV
- Dicyclomine 20 mg PO/IM

Second-Line Therapy:
- Haloperidol 2.5-5 mg IV
- Ketamine 0.2 mg/kg ± 0.1 mg/kg hr gtt
- Lidocaine 1.5 mg/kg (max 200 mg)

Extremity Fracture/Joint Dislocation

Immediate/First-Line Therapy:
- APAP 1000 mg PO
- Ketamine 50 mg IN
- Nitrous oxide (titrate up to 70%)

Ultrasound-Guided Regional Anesthesia:
- Lidocaine perineural infiltration (max 4 mg/kg)

These treatment pathways are not intended to and should not replace clinician judgement or clinical expertise. They are a guide to possible treatment options that maybe considered, in the context of a patient’s clinical condition and comorbidities, for the treatment of patients in pain.
**Chronic Abdominal Pain**

**Immediate/First-Line Therapy**
- Metoclopramide 10 mg IV
- Prochlorperazine 10 mg IV
- Diphenhydramine 25 mg IV
- Dicyclomine 20 mg PO/IM

**Second-Line Therapy**
- Haloperidol 2.5-5 mg
- Ketamine 0.2 mg/kg ± 0.1 mg/kg hr gtt
- Lidocaine 1.5 mg/kg (max 200 mg)

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**Extremity Fracture/Joint Dislocation**

**Immediate/First-Line Therapy**
- APAP 1000 mg PO
- Ketamine 50 mg IN
- Nitrous oxide (titrate up to 70%)

**Ultrasound-Guided Regional Anesthesia**
- Lidocaine perineural infiltration (max 4 mg/kg)
Headache/Migraine

Immediate/First-Line Therapy
- 1 L 0.9% NS + high-flow oxygen
- Ketorolac 15 mg IV
- Metoclopramide 10 mg IV
- Dexamethasone 8 mg IV
- Trigger point injection with lidocaine 1%

Alternative Options
- APAP 1000 mg PO + ibuprofen 600 mg PO
- Sumatriptan 6 mg SC
- Promethazine 12.5 mg IV OR prochlorperazine 10 mg IV
- Haloperidol 5 mg IV
- Magnesium 1 g IV
- Valproic acid 500 mg IV
- Propofol 10-20 mg IV bolus every 10 min

If Tension Component
- Cyclobenzaprine 5 mg OR diazepam 5 mg PO/IV
- Lidoderm transdermal patch
**Musculoskeletal Pain**

**Non-IV Therapies**
- APAP 1000 mg PO + ibuprofen 600 mg PO
- Cyclobenzaprine 5 mg PO OR diazepam 5 mg PO
- Gabapentin 300 mg PO
- Lidoderm patch (max 3 patches)
- Ketamine 50 mg IN
- Trigger point injections with lidocaine 1%

**IV Therapy Options**
- Ketamine 0.2 mg/kg IV ± 0.1 mg/kg/hr gtt
- Ketorolac 15 mg IV
- Dexamethasone 8 mg IV
- Diazepam 5 mg IV

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**Renal Colic**

**Immediate/1st Line Therapy**
- APAP 1000 mg PO
- Ketorolac 15 mg IV
- 1 L 0.9% NS bolus

**Second-Line IV Therapy**
- Lidocaine 1.5 mg/kg IV (max 200 mg)

**Alternative Option**
- DDAVP 40 mcg IN
Breaking Free in the ED  
Confronting the Opioid Crisis

Opiate-Free Pain Options by Indication

### Chronic Abdominal Pain

**Immediate/First-Line Therapy**  
- APAP 1000 mg PO
- Ketorolac 15 mg IV
- Metoclopramide 10 mg IV
- Prochlorperazine 5 mg SC
- Dicyclomine 20 mg PO/IM

**Second-Line Therapy**  
- Dexamethasone 8 mg IV
- Diazepam 5 mg IV
- Magnesium 1 g IV
- Valproic acid 500 mg IV
- Propofol 10-20 mg IV bolus every 10 min

**Alternative Options**  
- APAP 1000 mg PO + ibuprofen 600 mg PO
- Sumatriptan 50 mg SC
- Prochlorperazine 10 mg IV
- Magnesium 1 g IV
- Valproic acid 500 mg IV
- Propofol 10-20 mg IV bolus every 10 min

**If Tension Component**  
- Cyclobenzaprine 5 mg OR diazepam 5 mg PO/IV
- Lidoderm transdermal patch

### Extremity Fracture/Joint Dislocation

**Immediate/First-Line Therapy**  
- APAP 1000 mg PO
- Ketamine 50 mg IM
- Nitrous oxide (titrate up to 70%)

**Ultrasound-Guided Regional Anesthesia**  
- Lidocaine perineural infiltration (max 4 mg/kg)

### Renal Colic

**Immediate/1st Line Therapy**  
- APAP 1000 mg PO
- Ketorolac 15 mg IV

**Second-Line IV Therapy**  
- Lidocaine 1.5 mg/kg IV (max 200 mg)

**Alternative Option**  
- DDAVP 40 mcg IN

### Musculoskeletal Pain

**Non-IV Therapies**  
- APAP 1000 mg PO + ibuprofen 600 mg PO
- Codeine 30-60 mg PO
- Gabapentin 300 mg PO

**IV Therapy Options**  
- Ketamine 0.2 mg/kg IV ± 0.1 mg/kg/hr gtt
- Lidocaine 1% IV

### Headache/Migraine

**Immediate/First-Line Therapy**  
- APAP 1000 mg PO + ibuprofen 600 mg PO
- Sumatriptan 50 mg SC
- Prochlorperazine 10 mg IV
- Magnesium 1 g IV
- Valproic acid 500 mg IV
- Propofol 10-20 mg IV bolus every 10 min

**Alternative Options**  
- APAP 1000 mg PO + ibuprofen 600 mg PO
- Sumatriptan 50 mg SC
- Promethazine 12.5 mg IV OR
diazepam 5 mg IV
- Propofol 10-20 mg IV bolus every 10 min

**If Tension Component**  
- Cyclobenzaprine 5 mg OR diazepam 5 mg PO/IV
- Lidoderm transdermal patch

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Colorado ranks #12 in the country for abuse and misuse of prescription medications.  
7,600 Coloradans are seen in emergency rooms every year because of drug overdoses.  
86% were because of prescription pain killers.

In Colorado, 18-25 year olds overdose on prescription pain killers twice as often as the rest of the population.

On an average day in the US:  
- More than 650,000 opioid prescriptions are dispensed
- 3,900 people initiate nonmedical use of prescription opioids
- 580 people initiate heroin use
- 78 people die from an opioid-related overdose
**Extremity Fracture/Joint Dislocation**

**Immediate/First-Line Therapy**
- Metoclopramide 10 mg IV
- Prochlorperazine 30 mg IV
- Dicyclomine 20 mg PO
- Ketamine 0.2 mg/kg
- Nitrous oxide (titrate up to 70%)
- Lidocaine perineural infiltration (max 4 mg/kg)

**Second-Line Therapy**
- Haloperidol 2.5-5 mg
- Ketamine 0.2 mg/kg
- Lidocaine 1.5 mg/kg (max 200 mg)

**Musculoskeletal Pain**

**Non-IV Therapies**
- APAP 1000 mg PO + ibuprofen 600 mg PO
- Cyclobenzaprine 5 mg PO/IV or diazepam 5 mg PO
- Lidoderm patch (max 3 patches)
- Ketamine 50 mg IM
- Trigger point injections with lidocaine 1%

**IV Therapy Options**
- Ketamine 0.2 mg/kg IV ± 0.1 mg/kg/hour gtt
- Ketorolac 15 mg IV
- Desmethylaizone 8 mg IV
- Diazepam 5 mg IV

**Renal Colic**

**Immediate/First-Line Therapy**
- APAP 1000 mg PO
- Ketorolac 15 mg IV
- 1 L 0.9% NS bolus

**Second-Line IV Therapy**
- Lidocaine 1.5 mg/kg IV (max 200 mg)

**Alternative Options**
- DDAVP 40 mcg IV

**Opiate-Free Pain Options by Indication**

**Headache/Migraine**

**Immediate/First-Line Therapy**
- 1 L 0.9% NS + high-flow oxygen
- Metoclopramide 10 mg IV
- Prochlorperazine 10 mg IV
- Promethazine 12.5 mg IV
- Nitrous oxide (titrate up to 70%)
- Lidocaine 1.5 mg/kg (max 200 mg)
- Trigger point injections with lidocaine 1%

**Alternative Options**
- APAP 1000 mg PO + ibuprofen 600 mg PO
- Dexamethasone 8 mg IV
- Metoclopramide 10 mg IV
- Promethazine 12.5 mg IV
- Haloperidol 5 mg IV
- Magnesium 1 g IV
- Valproic acid 500 mg IV
- Propofol 10-20 mg IV bolus every 10 min

**If Tension Component**
- Cyclobenzaprine 5 mg PO/IV or diazepam 5 mg PO/IV
- Lidoderm transdermal patch
<table>
<thead>
<tr>
<th>MEDICATION</th>
<th>ROUTE</th>
<th>DOSING</th>
<th>CAUTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lidocaine Transdermal IV Trigger point</td>
<td>1 patch (max 3) 1.5 mg/kg 10 min 1% ≥ 3 mL</td>
<td>Cardiac fx</td>
<td></td>
</tr>
<tr>
<td>Ketamine Intranasal IV</td>
<td>50 mg (100 mg/mL) 20 mg (10 mg/mL)</td>
<td>PTSD, IVP x 5 min</td>
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</tr>
<tr>
<td>Dicyclomine IM PO</td>
<td>20 mg 20 mg</td>
<td>IM only Elderly</td>
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<tr>
<td>Haloperidol (Haldol) IV</td>
<td>2.5-5 mg</td>
<td>Prolonged Q1</td>
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<tr>
<td>Ketorolac (Toradol) IV IM</td>
<td>15 mg 15-30 mg</td>
<td>Renal failure</td>
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<td>Prochlorperazine (Compazine) IV</td>
<td>5-10 mg</td>
<td>Pregnancy</td>
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<td>Diphenhydramine (Benadryl) IV</td>
<td>12.5-25 mg</td>
<td>Drowsy</td>
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<td>Magnesium IV</td>
<td>1 g over 1 hr</td>
<td>Hypotension</td>
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<td>Dexamethasone (Decadron) IV</td>
<td>8-10 mg</td>
<td>IVP slow</td>
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<td>Sumatriptan (Imitrex) SC SQ</td>
<td>6 mg</td>
<td>Cardiac hx</td>
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