

Colorado ALTO Project



Nurse Training Materials



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Colorado Hospital Association

Table of Contents

Introduction: Colorado ALTO Project Nurse Toolkit 2

Scripting for Alternatives to Opioids Medication Administration..... 3

Pain Pathways by Indication 4

ALTO Newsletter Inserts and Posters..... 6

ALTO Badge Buddies 11

Our Partners



Colorado ALTO Project



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.

The Colorado Opioid Safety Pilot demonstrated the feasibility and effectiveness of using an ALTO approach as a first-line treatment for acute pain in the ED before turning to opioids. Based on this success, CHA will roll out this program statewide in 2018 through the Colorado ALTO Project.

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.

ED-Specific Percent Change in Opioid MEU (2016 vs 2017)

Percent Change from Baseline in MEUs per 1,000 ED Visits



CHA partnered with key stakeholders to develop and roll out the pilot program:



COLORADO CHAPTER
American College of Emergency Physicians
ADVANCING EMERGENCY CARE



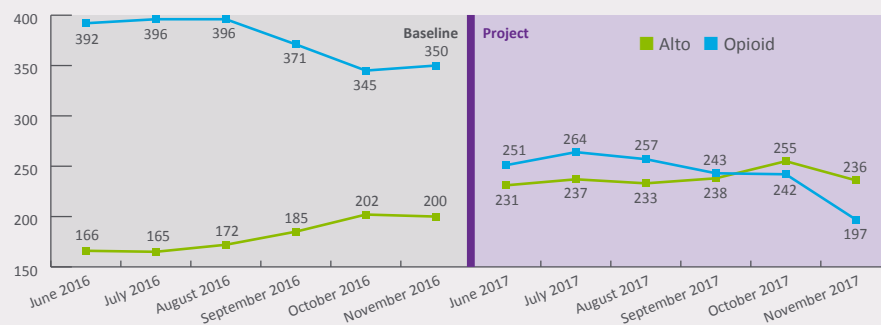
Quality Improvement
Organizations
Sharing Knowledge, Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES



Telligen

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.

Number of Treated Pain Visits per 1,000 ED Visits



To learn more about the Colorado ALTO Project visit www.cha.com/opioid.



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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?

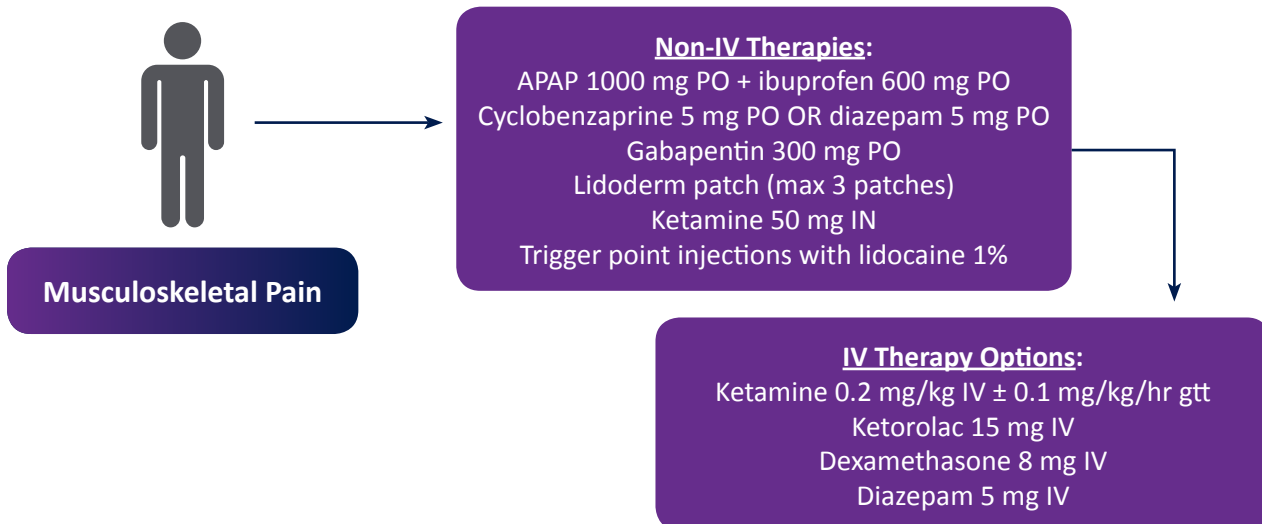
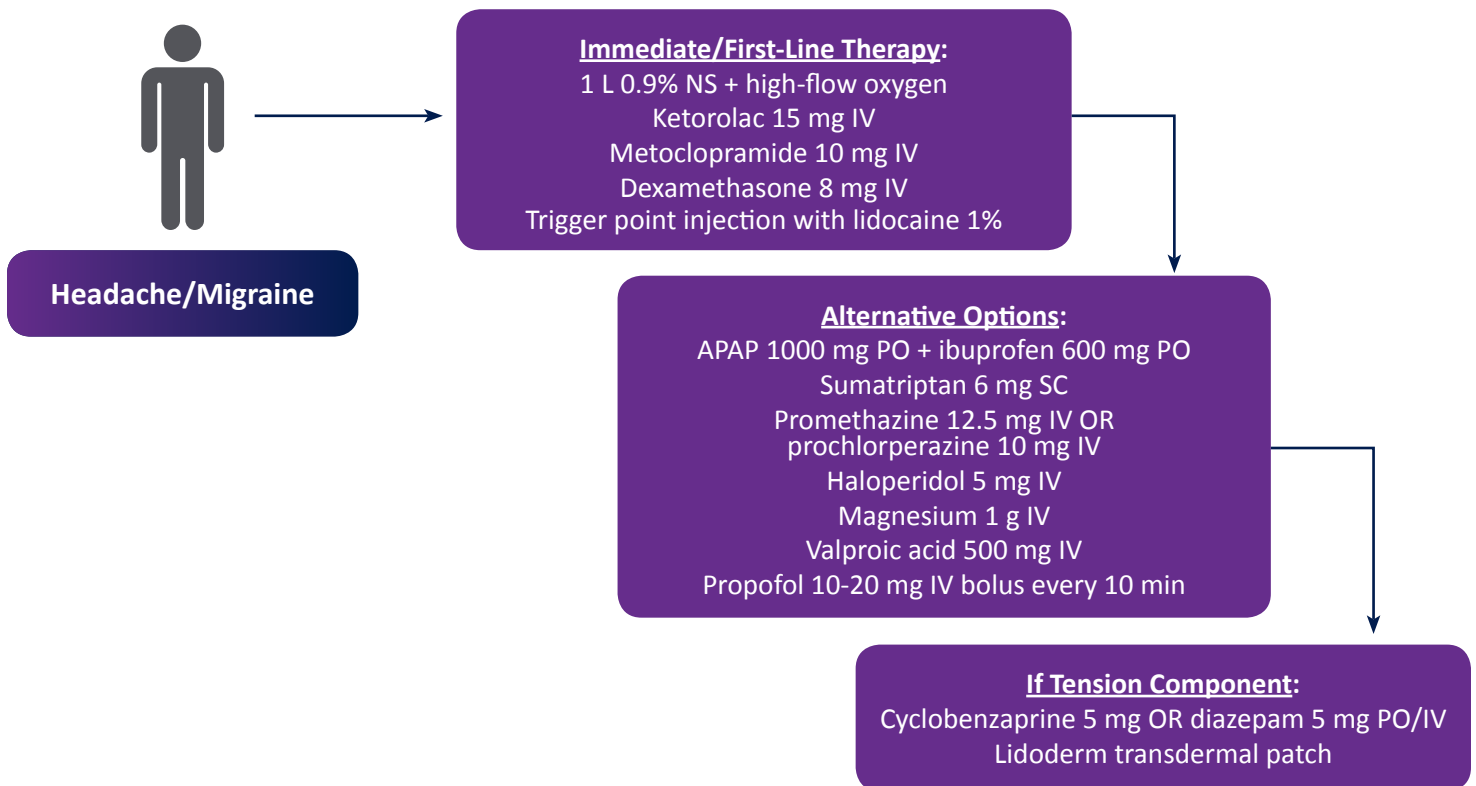
The medication we will be using to control your knee pain today is called ketorolac.

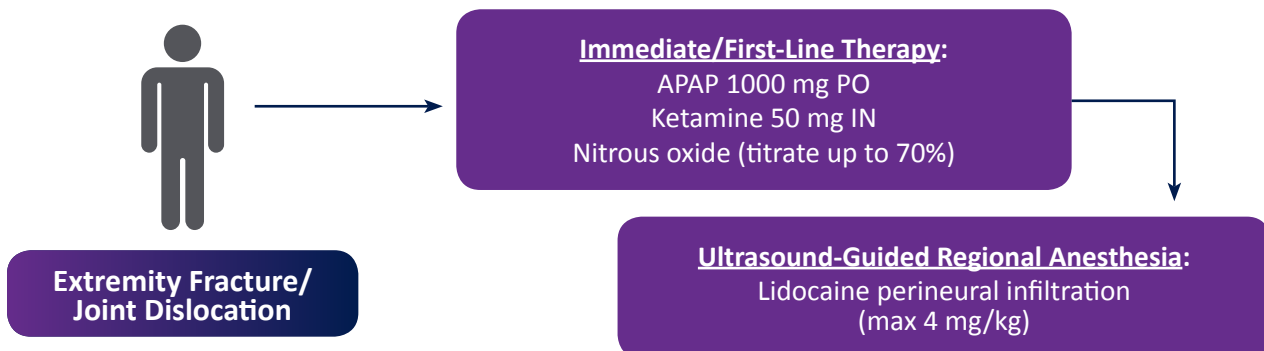
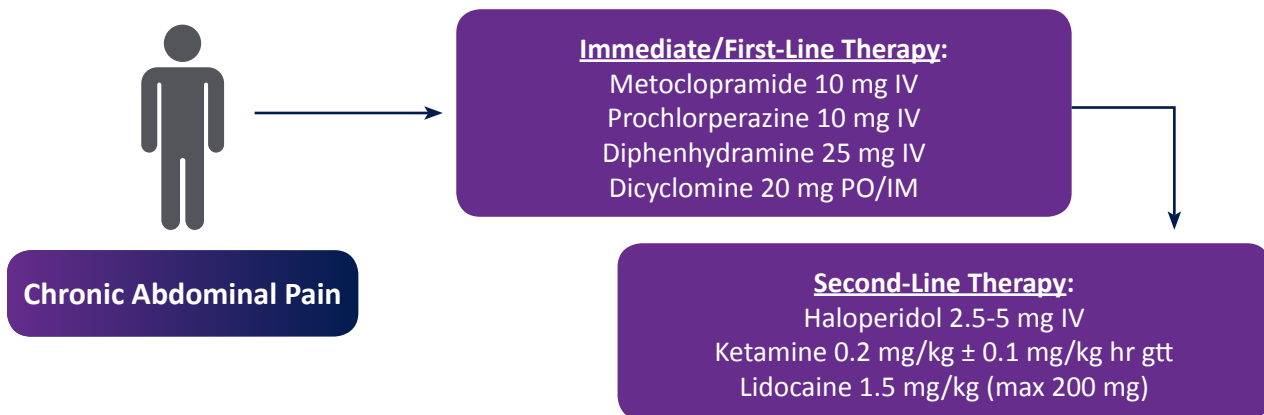
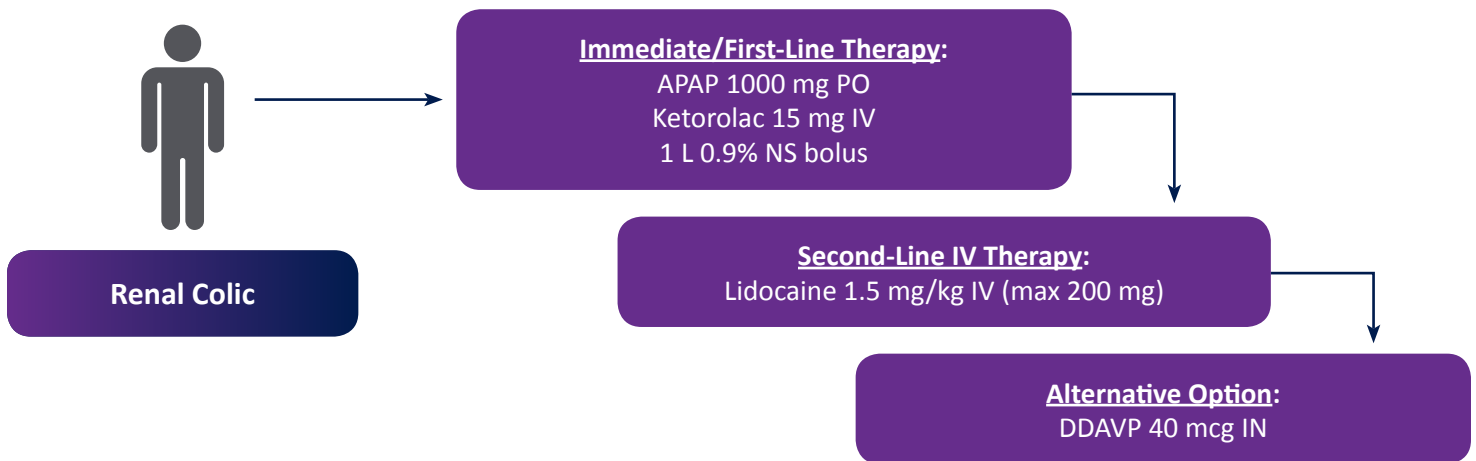
Ketorolac will take about 30 minutes to start working and should **help control your pain** for four to six hours.

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.

Pain Pathways by Indication





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.

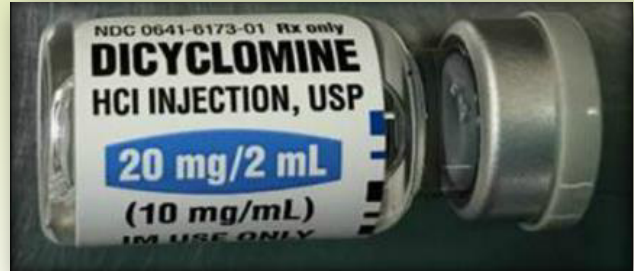
Chronic Abdominal Pain

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 \pm 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)



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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



ALTO Newsletter Inserts and Posters

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 \pm 0.1 mg/kg/hr gtt
Ketorolac 15 mg IV
Dexamethasone 8 mg IV
Diazepam 5 mg IV



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

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 \pm 0.1 mg/kg/hr gtt
Lidocaine 1.5 mg/kg (max 200 mg)



Musculoskeletal Pain

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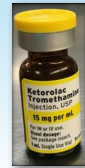
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Second-Line IV Therapy

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Alternative Option

DDAVP 40 mcg IN



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.

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



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



Breaking Free in the ED Confronting the Opioid Crisis

Opiate-Free Pain Options by Indication

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ALTO Badge Buddies

MEDICATION	ROUTE	DOSING	CAUTIONS
Lidocaine	Transdermal IV Trigger point	1 patch (max 3) 1.5 mg/kg 10 min 1% 2-3 mL	Cardiac hx
Ketamine	Intranasal IV	50 mg (100 mg/mL) 0.2 mg/kg (10 mg/mL)	PTSD IVP x 5 min
Dicyclomine (Bentyl)	IM PO	20 mg 20 mg	IM only Elderly
Haloperidol (Haldol)	IV	2.5-5 mg	Prolonged QT
Ketorolac (Toradol)	IV IM	15 mg 15-30 mg	Renal failure
Prochlorperazine (Compazine)	IV	5-10 mg	Pregnancy
Diphenhydramine (Benadryl)	IV	12.5-25 mg	Drowsy
Magnesium	IV	1 g over 1 hr	Hypotension
Dexamethasone (Decadron)	IV	8-10 mg	IVP slow
Sumatriptan (Imitrex)	SubQ	6 mg	Cardiac hx

Notes

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