Colorado ALTO Project

Physician and Advanced Service Provider Training

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Provider Training Learning Objectives

- Discuss the historical context and current state of the "opioid crisis" facing the United States, and identify barriers to change
- Describe the appropriate use of alternatives to opioids for treatment of different types of pain in the ED
- Review the implementation of an opioid-reduction process and policy

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Provider Training Goals

GOAL 1: Master the CO-ACEP guidelines

Goal 2: Develop a strategy for implementation in your ED

GOAL 3: Identify barriers

GOAL 4: Change your culture; join the Colorado ALTO movement

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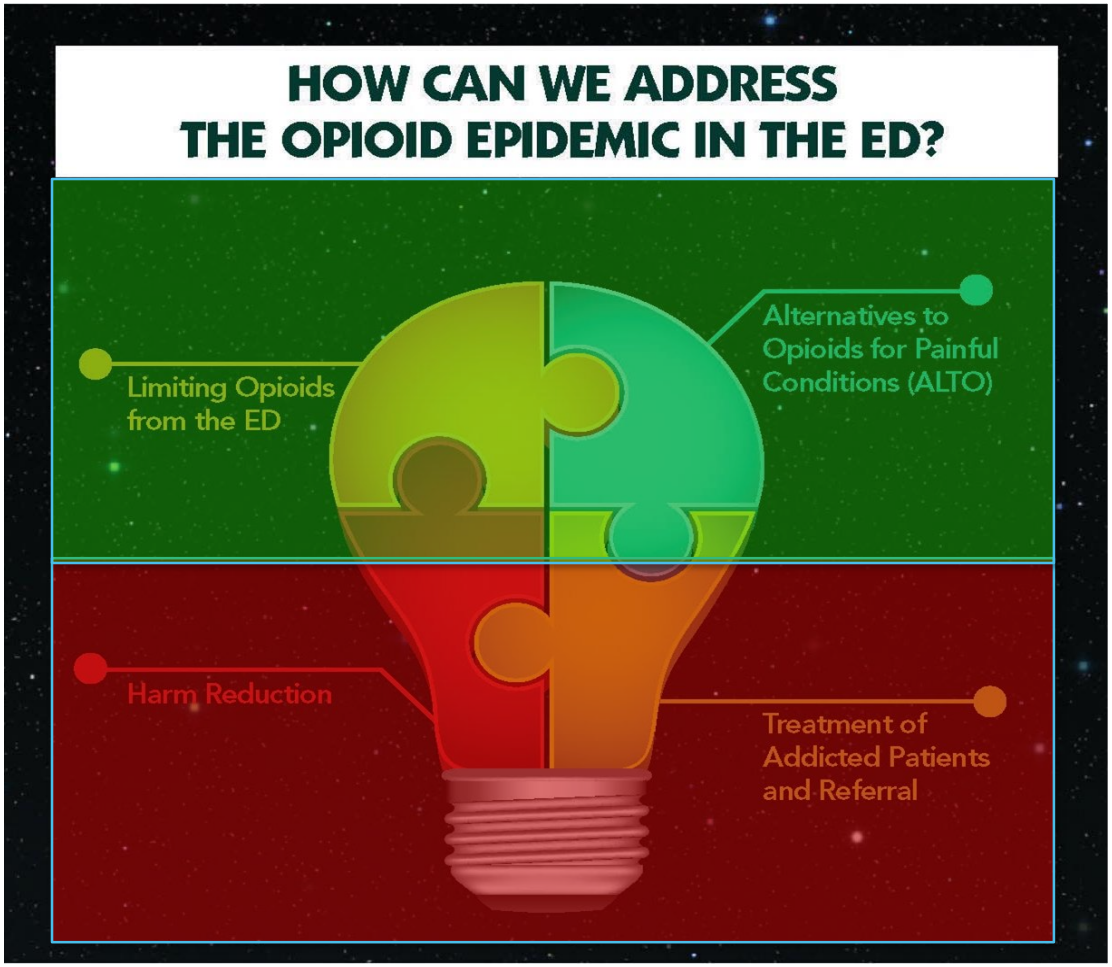
Goal 1: Master the CO-ACEP Guidelines

4 Pillars of Care



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LIMITING OPIOIDS FROM THE ED

Opioids are the most dangerous drug we prescribe. Every dose is playing with fire.

Patient Name: _____

Address: _____

_____

Date of Birth: _____

Directions:

How many of us...

- Perform a patient risk assessment before ordering an opioid?
- Consistently check the PDMP?
- Counsel patients on medication risks?
- Continue to prescribe opioids for back pain and headaches?

- **Know our prescribing practices**
- **Remove preselected opioids from order sets**
- **Stop wanting to prescribe them...fight the impulse, <u>fight your own addiction.</u>**

M.D. Signature: _____ Date: _____

ALTO Principles

1. Non-opioid medications first
2. Opioids as rescue therapy and not used liberally
3. Multimodal and holistic pain management
4. Specific pathways exist
   - Kidney stones
   - Low back pain
   - Fractures
   - Headache
   - Chronic abdominal pain
5. Requires more patient engagement:
   - Discuss realistic pain management goals with patients
   - Discuss addiction potential and side effects with using opioids

www.coacep.org

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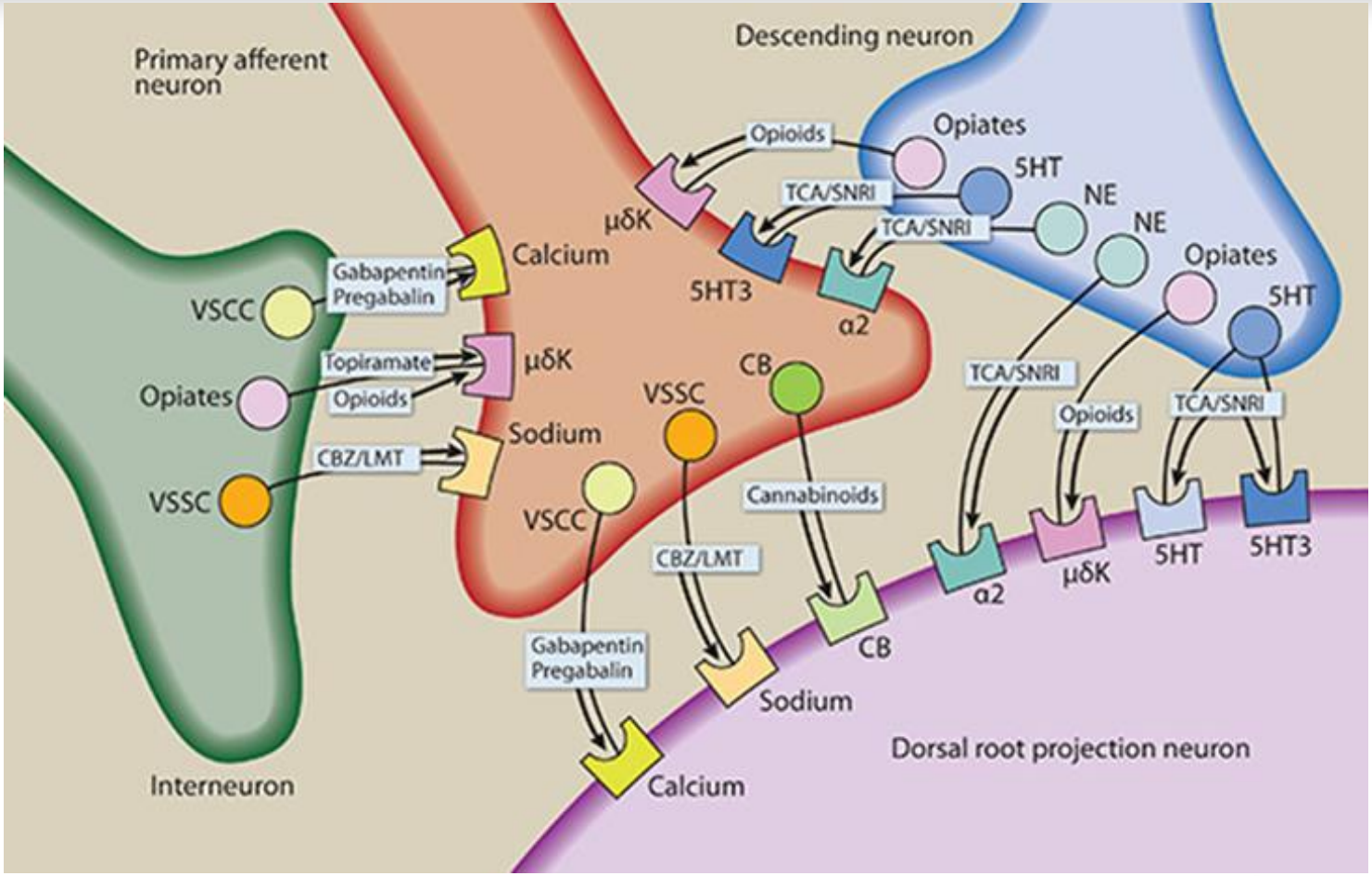
ALTO and CERTA – Putting Science Back In Pain Control



http://www.propofology.com/infographs/certa-concept-of-analgesia

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ALTERNATIVE TREATMENTS TO OPIOIDS FOR PAINFUL CONDITIONS (ALTO)

How many of us prescribe alternatives for pain?

- Ketamine
- Toraldol
- Haldol
- Gabapentin
- Trigger-point injections
- Lidocaine drips/Lidoderm patches
- DDAVP
- Nitrous oxide
- Nerve blocks

Lidocaine

- Acts on central and peripheral voltage dependent sodium channels, G protein-coupled receptors and NMDA receptors
- Used **topically**, **intravenously** or as **trigger point injections**
  - When used at low doses, IV lidocaine is generally benign
  - **Caution** should be used when giving IV to patients with a severe cardiac history
- MSK, migraines, renal colic, abdominal, neuropathic
- Lidocaine patches are great for pain!
- Lidocaine IV doses ≤ 1.5 mg/kg over 10-60 min may be given in non-ICU areas (max 200 mg/dose)

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Ketamine

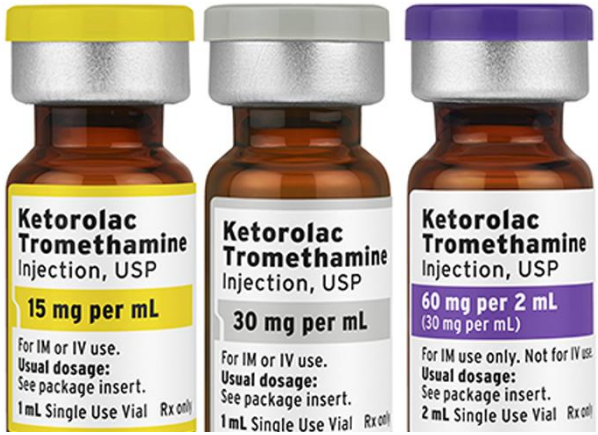
- NMDA receptor antagonist
- When used at low doses, it is generally benign
- Used **intranasally** or **intravenously**
- Should not be used in patients with PTSD

Ketamine

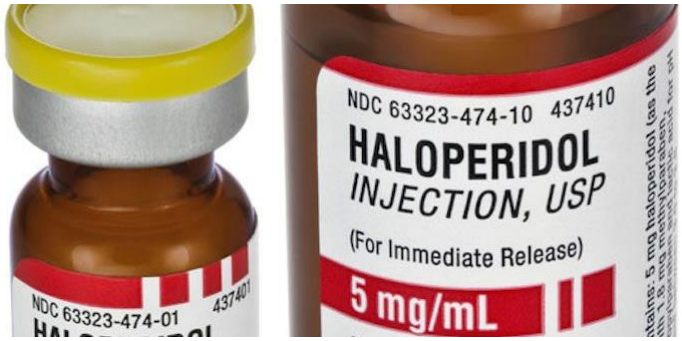
- Ketamine effect is dose-dependent
- May be used for analgesia at doses ≤ 0.2 mg/kg via slow IVP or 0.1 mg/kg/hr infusion
  - May be given in non-ICU areas
  - Slow administration rate (≥ 10 min) = less adverse effects
- Ketamine 50 mg IN can also be given
  - No IV access
- Can be used adjunctively with opioids to reduce opioid requirements

Other Options

- Ketorolac
  - 15 mg for everyone (IV or IM)
    - No difference in pain reduction with 30 vs. 15 mg
  - Great for many pain indications including musculoskeletal pain and renal colic



- Haloperidol
  - Low dose (2.5-5 mg IV)
  - Great for nausea
    - Cannabinoid induced hyperemesis



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Other Options

- Dicyclomine
  - Antispasmodic and anticholinergic agent that acts to alleviate smooth muscle spasms in the GI tract
  - 20 mg PO/IM (NOT IV!)
  - Great for abdominal pain
  - Caution in elderly

Photo source: MedicaLook

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Other Options

Metoclopramide/Sumatriptan/Dexamethasone

- For headache

Gabapentin/Valproate

- 5HT1-4 and GABA receptors modulate pain in the spinal cord

DDAVP

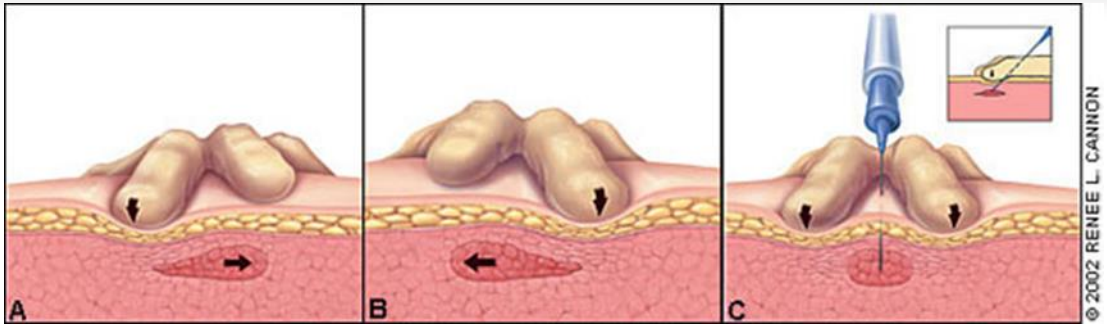
- Synthetic vasopression – some evidence of relief of renal colic

Nitrous Oxide

- Safe, short acting
  - Use for painful procedures, decreases opioid usage

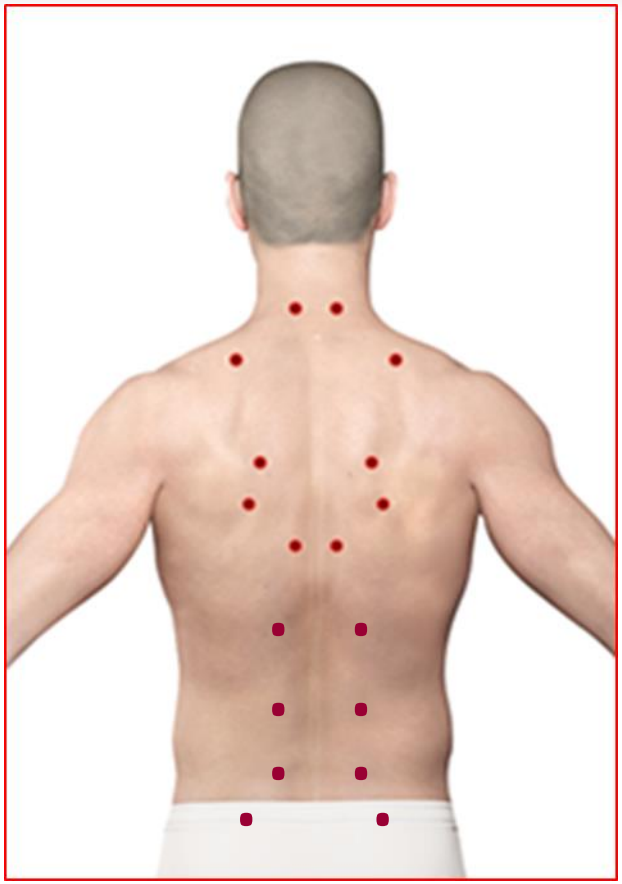
NSAIDs and APAP

Trigger Point Injections



Indications:
- Myofascial Pain Syndrome
- Headaches - tension and migraines
- Musculoskeletal back pain
- Torticollis
- Trapezius strain

Concerns:
- Infection
- Hematoma
- Arterial injection (Bupivacaine)
- PTX on chest



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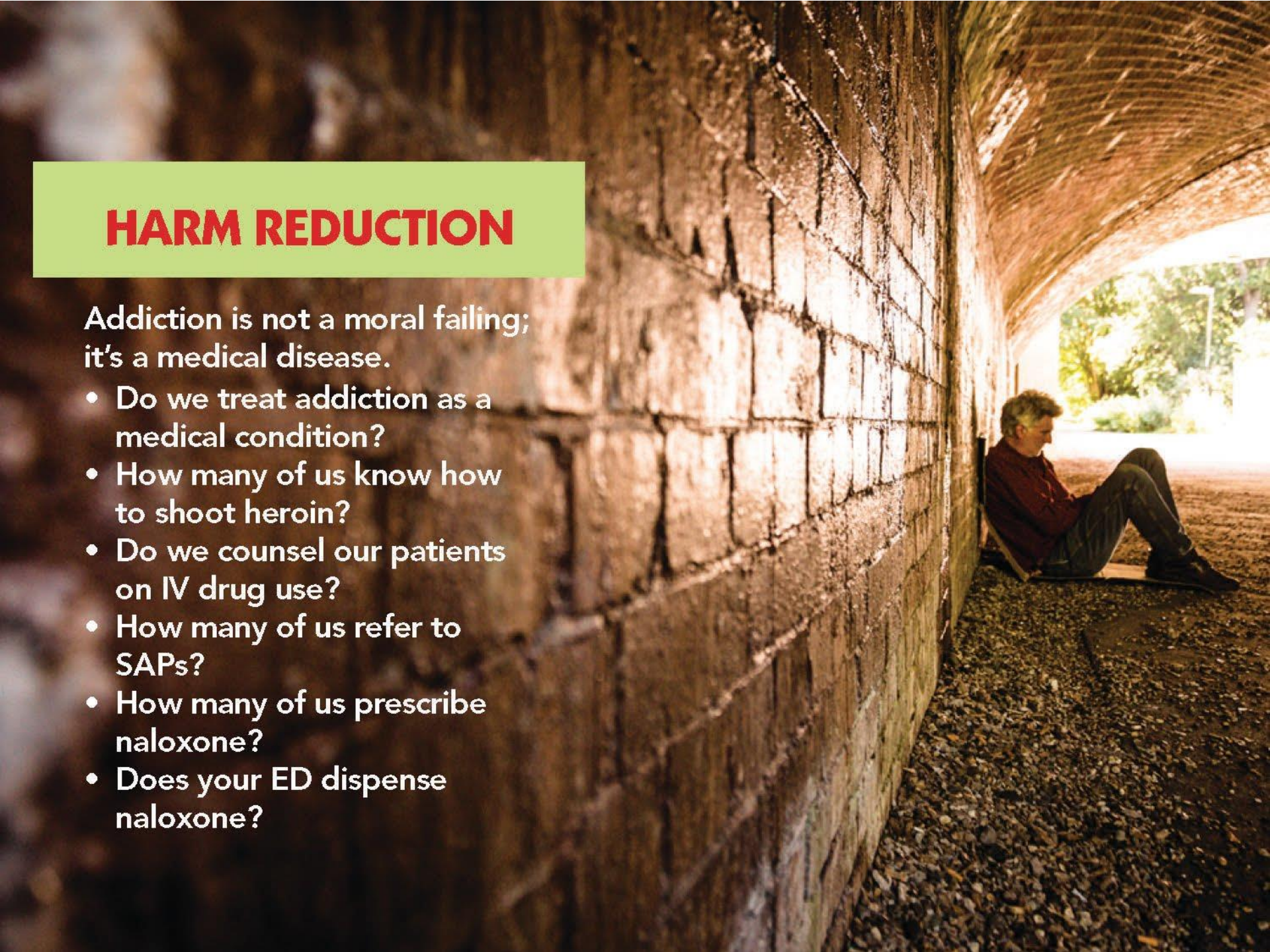


HARM REDUCTION

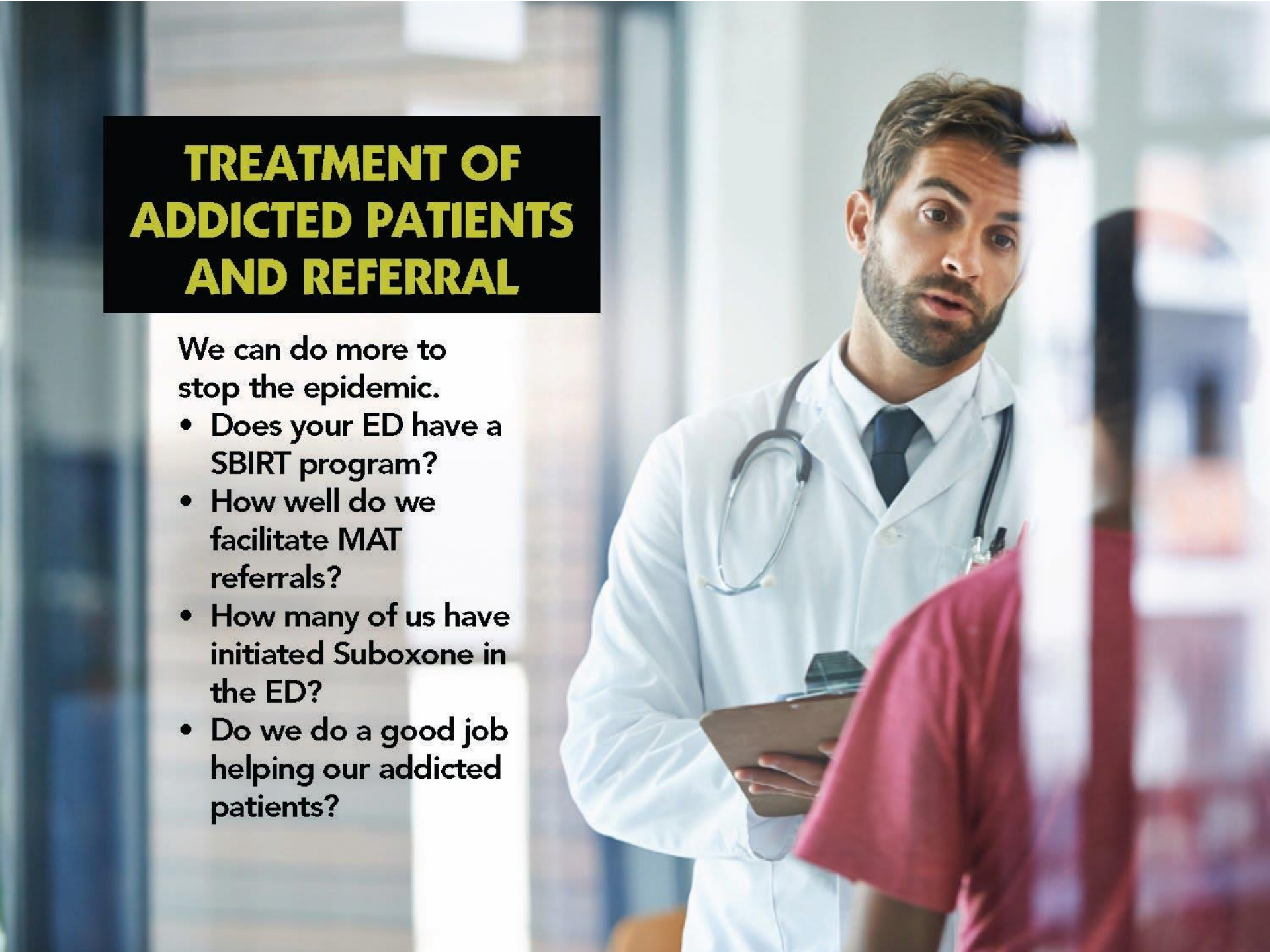
Addiction is not a moral failing; it's a medical disease.

- Do we treat addiction as a medical condition?
- How many of us know how to shoot heroin?
- Do we counsel our patients on IV drug use?
- How many of us refer to SAPs?
- How many of us prescribe naloxone?
- Does your ED dispense naloxone?

TREATMENT OF ADDICTED PATIENTS AND REFERRAL

We can do more to stop the epidemic.

- Does your ED have a SBIRT program?
- How well do we facilitate MAT referrals?
- How many of us have initiated Suboxone in the ED?
- Do we do a good job helping our addicted patients?



Goal 2: Develop Strategies for Implementation in Your ED

1. Support by your administration and medical director: this is one of your top goals for 2018.
2. Group buy in – email / communications.
3. ED physician meetings – schedule your training, establish your culture.

4. Submit and use the data – take advantage of what CHA is offering and the Hawthorne Effect.
5. Keep at it – systematic change is an endurance sport.

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Goal 3: Obstacles to Implementation: If The Policy Don't Work…Change the Policy.

Procedural sedation vs. pain dose

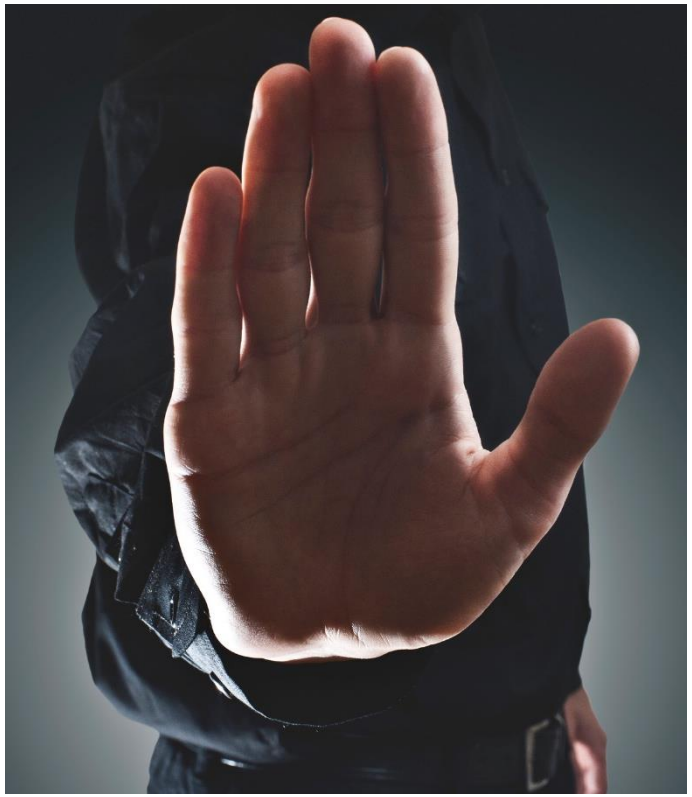
- Ketamine

Scope of practice

- Nerve blocks
- Fascia iliaca blocks
- Trigger point injections

High-risk medication administration

- Lidocaine administration
- Ketamine
- Nitrous oxide



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Goal 4: Change Your Culture; Join The Colorado ALTO Movement

By joining the Colorado ALTO Project you are joining a movement.

- Colorado Hospital Association is with you.
- Hospital administration is with you.
- Nurses are with you.
- Pharmacy is with you.
- History and science are with you.

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Data Collection

- Metrics
  - # of ED opioid administrations
  - Measured in morphine equivalent units/1000 ED visits
- # of ED ALTO administrations
- Data source
  - EHR and administrative data
- Optional metric
  - Ratio of opioids administered to ALTOs administered/physician

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Partners


COLORADO
CONSORTIUM
for Prescription Drug Abuse Prevention


Telligen®


E N A
EMERGENCY NURSES ASSOCIATION
Colorado State Council


COLORADO CHAPTER
American College of Emergency Physicians
ADVANCING EMERGENCY CARE


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Questions?

Resources

www.cha.com/ALTO

Provider Contact Information

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Colorado ALTO Project Physician Champion

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Thank you for joining the Colorado ALTO Project.

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