Alaska Emergency Department Opioid and Controlled Substances Prescribing Guidelines

Alaska's Emergency Care Providers are committed to compassionate, timely, quality care. Regardless of the reason for your visit or insurance status, we will always do a medical screening exam and strive to provide you with the safest possible care. As part of providing safe care, Emergency Providers in the State of Alaska have adopted the following consensus guidelines for prescribing and administering controlled substances in the Emergency Department. We have developed these guidelines because controlled medications have potentially deadly side effects and are commonly associated with addiction. These guidelines will be applied at the discretion of the emergency provider and decisions about treatment are generally made based on objective (visible) evidence of acute painful conditions. These guidelines do not apply to patients with painful terminal illness.

If you have any questions, please speak with an ED team member.

1. A single medical provider should prescribe all opioids to treat a patient's chronic pain both on a long-term basis and with acute exacerbations. The best practice is for this provider to be the patient's primary care provider or pain management specialist.

2. The Emergency Department Providers will not administer intravenous or intramuscular opioids for the relief of acute exacerbations of chronic pain.

3. Emergency Department Providers will not provide replacement prescriptions for controlled substances that were lost, destroyed, or stolen.

4. Long-acting or controlled-release opioids (such as OxyContin, fentanyl patches and methadone) will not be prescribed from the Emergency Department.

5. Emergency Department Providers are encouraged to review other health records, care plans, and the Prescription Drug Monitoring Program (PDMP) prior to dispensing or administering opioids. They are encouraged to contact the patient's primary prescriber to discuss the patient's care.

6. Emergency Department Providers should perform brief screening for patients with suspected substance addiction or at risk for overdose. Caution should be used when administering or prescribing controlled substances for these patients and brief interventions and treatment referrals are encouraged.

7. Prescriptions for opioid pain medication from the Emergency Department should be for an acute injury, such as a fracture, and should be for the lowest dose and shortest time course possible (ideally no more than 3 days). Non-opioid therapies are encouraged when possible.

8. Emergency Departments should attempt to coordinate the care of patients who frequently visit the Emergency Department.

9. The combination of opiates and benzodiazepines significantly raises the risk of accidental overdose. The practice of prescribing this combination is discouraged.

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