

Carilion Clinic Emergency Department Commitment to Treating Pain

The Carilion Clinic Emergency Department is committed to the most effective and appropriate treatment of pain. The experience of pain is complex and highly individualized. An Emergency Department provider will address pain as quickly and compassionately as possible while adhering to Carilion Clinic Emergency Department treatment policies and guidelines that incorporate the latest medical evidence and research.

While opioids such as morphine, oxycodone, hydrocodone, and codeine have a specific role in the treatment of painful conditions, there are a variety of non-opioid medications and therapies that are also useful. Given the variety of effective treatment modalities, as well as concerns for the increasing frequency of opioid misuse, diversion, and accidental overdose, the Carilion Clinic Emergency Department discourages opioid prescription/administration except when deemed medically necessary for the treatment of acutely painful conditions.

1. Emergency Department providers are required by law to evaluate patients presenting to the Emergency Department (ED) with pain-related complaints. However, Emergency Department providers may use their clinical judgement when treating pain and are not required to use opioid medications in the treatment plan.
2. The ED is not an appropriate place for the treatment of chronic pain conditions. A dedicated provider outside of the ED should provide all opioids that may be deemed necessary in the treatment of chronic pain conditions.
3. Chronic pain conditions include, but are not limited to chronic, recurring headaches (migraine, cluster, "mixed" type, etc), back pain, abdominal pain, pelvic pain, toothaches/dental pain, and fibromyalgia. Patients with a history of multiple visits per month or throughout the year for pain-related complaints may be considered to have a chronic pain condition. Patients meeting this criterion will not be given opioid or sedative medications in the ED or as prescriptions to be filled. An exception may be made only for those patients with an agreed upon treatment plan from their treating physician on file in the ED. Most patients with chronic pain conditions will be treated with non-opioid/non-benzodiazepine medications.
4. For patients presenting with acute exacerbations of chronic pain, a summary of care received in the ED (including any medications prescribed) will be communicated to the primary opioid prescriber or primary care provider. As a general rule, patients will not receive intravenous or intramuscular opioids in the ED for the relief of acute exacerbations of chronic pain.
5. Emergency Department providers will not dispense prescriptions for controlled substances that were lost, destroyed, stolen, or finished prematurely or prior to being filled. It is the patient's responsibility to maintain active prescriptions with his/her primary or specialty physician.
6. Emergency Department providers will not prescribe controlled substances to patients who do not have proper government issued photo identification.
7. Emergency Department providers may only provide a single replacement dose of methadone, suboxone, or buprenorphine on an emergency basis for patients exhibiting objective findings of active opioid withdrawal. This should be a rare occurrence and generally considered only for patients requiring admission to the hospital for management of active opioid withdrawal.
8. Emergency Department providers will not prescribe long-acting or controlled-release opioids such as oxycontin or fentanyl patches.
9. Opioid prescriptions will not be provided for dental pain associated with tooth decay or gum disease. Dental pain attributed to these findings is best managed by a dentist. As dental care can be expensive or difficult to obtain, to the extent that we are able to do so the Carilion Clinic Emergency Department will assist in coordination of this care or referral.
10. If an Emergency Department provider deems treatment with opioid analgesics to be appropriate, prescriptions will be written for the shortest duration possible. This period generally should be for no more than three days.
11. Patients must be truthful about past medical visits, prior history, and prior prescriptions obtained. Patient history will be reviewed on the Virginia Prescription Monitoring Program (PMP). This program tracks pain and sedative medications that have been previously prescribed. Emergency Department providers will discuss and/or incorporate PMP findings with the patient as part of the healthcare visit and medical decision-making.
12. Opioid and benzodiazepine prescriptions are considered a contract between the patient and the Emergency Department provider. While Carilion Clinic Emergency Department providers will assist in helping arrange follow up with a regular provider or establish care with a new primary/specialist provider, the ultimate responsibility of ensuring appropriate follow-up belongs to the patient.