



**CALIFORNIA ACEP**

AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

## Helpful Prescribing Tips

- CURES is your friend. It is a valuable tool, like checking old records. It allows you to provide better care to your patients and be a better doctor. I had a patient who said, "I don't have a doctor." I checked CURES, and they did have a doctor. "Oh, that's not my doctor, that's just my pain doctor." You will also find out when patients really need a prescription and couldn't get it. CURES helps you prescribe smarter.
- There are many patient advocates that are appalled by the amount of prescriptions that we write for—both too many and too few. We generally hear the complaints when we do not give prescriptions that patients are demanding. However, there are an equal number of people who are angry that doctors are over prescribing. "I can't believe that the doctor gave me 30 Percocet after a simple cyst was removed!" I have seen presentation slide of a prescription of Vicoprofen given after a dental cleaning. The prescription was given to the wife of prescription drug abuse advocate. Now it is a permanent exhibit in the anti-drug lectures.
- Opioid withdrawal is uncomfortable, but not dangerous. New patients who present to the pain specialist are not immediately given whatever meds they state they need. The specialist first does research - CURES report, drug screen, and old records - and it may be 2 weeks before the patient is placed on a regular regimen. Opioid symptoms can be mitigated with non-opiates (clonidine is one example). Unless you are licensed by the DEA to treat opioid addiction, it is not legal to prescribe or provide opiates if the sole indication is addiction or withdrawal. Do not feel bad if you are send a patient who has receive recent pain prescriptions home without a pain prescription.
- Chronic Pain Medication refill principles are really the same for all patients. The underlying diagnosis does not matter - cancer, sickle cell anemia, spinal stenosis, fibromyalgia. If the patient has prescriptions from other doctors, then the ED should not be giving more prescription.
- Benzodiazepine withdrawal, unlike opioid withdrawal is dangerous. Xanax is a frequently requested medication. However the half-life is short and abuse potential is high. According to the San Diego Coroner report, the deaths from Xanax equal the deaths from oxycodone. If you need to prescribe a benzodiazepine, consider Ativan or Librium which are longer acting and have less abuse potential.
- For alcohol withdrawal, there is no point in writing a prescription for Librium if the patient plans on continuing to drink. Ask the patient what is their intention. If they want to try and stop, then by all means, write a prescription. The alcohol treatment programs recommend that you write the prescription "prn," so if your patient goes to a treatment program it can be given as needed instead of round the clock. Usually no more than 10 pills are needed.



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- If a patient that already has pain pills at home, more pills from you are not usually needed. A patient with kidney stone or humerus fracture, who already is on Percocet for back pain, does not need extra pills. Treat the acute pain in the ED, but the patient does not need another prescription.
- Patients on chronic pain should have a pain contract with their doctor. Chronic pain means needing opioids for 3 months or more. The Medication Agreement states that medications will not be refilled in the emergency department, that lost prescriptions will not be refilled, and that the patient should make appointments with their doctor before they run out of their medication. Having such a patient come to the ED for a prescription is like a child asking mother for permission to go out after father said no. (For my kids this is a crime with the highest level of punishment.) You are not helping the patient by writing such a prescription.
- Patients should not mix opioids and benzodiazepines. Patients should not mix opioids with illegal drugs. Learning from the pain specialists, they make patients choose between opioids and benzodiazepines, and do not take the medications together. There are unfortunate patient who have a legitimate pain condition, but refuse to stop abusing meth or heroin, and therefore the clinics will not refill pain prescriptions. Giving a controlled prescription to a patient who is a known addict is a DEA violation and can jeopardize your license.