

## KEY ADVANCES CLINICAL POLICY ALERT

# Critical Issues Related to Opioids in Adult Patients Presenting to the Emergency Department

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*American College of Emergency Physicians Clinical Policies Subcommittee (Writing Committee) on Opioids; Benjamin W Hatten, Stephen V Cantrill, Jeffrey S Dubin, Eric M Ketcham, Daniel P Runde, Stephen P Wall, Stephen J Wolf*

### ***Policy Recommendations and Focus Points in bold***

1. In adult patients experiencing opioid withdrawal, is ED-administered buprenorphine as effective for the management of opioid withdrawal compared with alternative management strategies?

#### *Patient Management Recommendations:*

Level A recommendations (none specified)

Level B recommendations (see below)

**When possible, treat opioid withdrawal in the ED with buprenorphine or methadone as a more effective option compared with nonopioid-based management strategies such as the combination of  $\alpha$ 2-adrenergic agonists and antiemetics.**

Level C recommendations (see below)

**Preferentially treat opioid withdrawal in the ED with buprenorphine rather than methadone.**

2. In adult patients experiencing an acute painful condition, do the benefits of prescribing a short course of opioids on discharge from the ED outweigh the potential harms?

Patient Management Recommendations:

Level A recommendations (none specified)

Level B recommendations (none specified)

Level C recommendations (see below)

**Preferentially prescribe nonopioid analgesic therapies (nonpharmacologic and pharmacologic) rather than opioids as the initial treatment of acute pain in patients discharged from the ED. For cases in which opioid medications are deemed necessary, prescribe the lowest effective dose of a short acting opioid for the shortest time indicated.**

3. In adult patients with an acute exacerbation of noncancer chronic pain, do the benefits of prescribing a short course of opioids on discharge from the ED outweigh the potential harms?

Patient Management Recommendations:

Level A recommendations (none specified)

Level B recommendations (none specified)

Level C recommendations (see below)

**Do not routinely prescribe opioids to treat an acute exacerbation of noncancer chronic pain for patients discharged from the ED. Nonopioid analgesic therapies (nonpharmacologic and pharmacologic) should be used preferentially. For cases in which opioid medications are deemed appropriate, prescribe the lowest indicated dose of a short acting opioid for the shortest time that is feasible.**

4. In adult patients with an acute episode of pain being discharged from the ED, do the harms of a short concomitant course of opioids and muscle relaxants/sedative-hypnotics outweigh the benefits?

Patient Management Recommendations:

Level A recommendations (none specified)

Level B recommendations (none specified)

Level C recommendations (see below)

**Do not routinely prescribe, or knowingly cause to be co-prescribed, a simultaneous course of opioids and benzodiazepines (as well as other muscle relaxants/sedative-hypnotics) for treatment of an acute episode of pain in patients discharged from the ED (consensus recommendation).**

**References:**

1. American College of Emergency Physicians Clinical Policies Subcommittee (Writing Committee) on Opioids; Benjamin W Hatten, Stephen V Cantrill, Jeffrey S Dubin, Eric M Ketcham, Daniel P Runde, Stephen P Wall, Stephen J Wolf. Clinical Policy: Critical Issues Related to Opioids in Adult Patients Presenting to the Emergency Department. *Ann Emerg Med.* 2020 Sep;76(3):e13-e39. doi: 10.1016/j.annemergmed.2020.06.049  
<https://www.acep.org/patient-care/clinical-policies/opioids/>

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ACEP's clinical policies are developed by the Clinical Policies Committee, guided by processes in accordance with national guideline-development standards. The policies are approved by the ACEP Board of Directors to provide guidance on the clinical management of emergency department patients. These ACEP Board-approved documents describe ACEP's policies on the clinical management of emergency department patients. These clinical policies are not intended to represent a legal standard of care for emergency physicians. ACEP recognizes the importance of the individual physician's judgment and patient preferences.

**Clinical findings and strength of recommendations regarding patient management were made according to the following criteria:****Level A recommendations**

Generally accepted principles for patient care that reflect a high degree of clinical certainty (e.g., based on evidence from one or more Class of Evidence I or multiple Class of Evidence II studies).

**Level B recommendations**

Recommendations for patient care that may identify a particular strategy or range of strategies that reflect moderate clinical certainty (e.g., based on evidence from one or more Class of Evidence II studies or strong consensus of Class of Evidence III studies).

**Level C recommendations**

Recommendations for patient care that are based on evidence from Class of Evidence III studies or, in the absence of adequate published literature, based on expert consensus. In instances in which consensus recommendations are made, "consensus" is placed in parentheses at the end of the recommendation.

**Resources for additional learning:**

<https://pubmed.ncbi.nlm.nih.gov/?term=opioids+emergency+department+clinical+policy>

<https://journalfeed.org/article-a-day/2020/acep-opioid-policy-statement>

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