

Update

January 2019

AJH- Department of Surgery Opioid Initiative

Chronic Pain Patients, Acute Pain Patients

Pre-Op

Opioid Naive Patients (ONP)

Expectations

Education

Pre-Meds Ordered Reservation sheet

Nonpharmacologic Alternatives

Chronic Pain Patients (CPP)

Screening and Identification of (PDMP)

Communication of CPP status >Order Set

Appropriate Prescription

Primary Pain MD > Plan of Care

Provide same as ONP

Intra-Op

Opioid Naive Patients (ONP)

Offer Blocks

IV Toradol /Tylenol

Chronic Pain Patients (CPP)

Ketamine

Precedex

Continue Suboxone

Post-Op/Floor

Opioid Naive Patients (ONP)

Offer Scheduled Tylenol/Toradol

Early Ambulation

Standard discharge planning >ISQIC

Chronic Pain Patients (CPP)

COWS Assessment (pending)

CPP Order Set > pain mgmt, SW (prn)

CPP on EMR banner> continuity of care

Query PDMP

Restart baseline medications early

Pain service >early rounds, methods to <LOS

Discharge

Opioid Naive Patients (ONP)

Recommendations on Weaning/Disposal

Query for pills already at home > prescribe accordingly

Chronic Pain Patients (CPP)

Primary Pain MD > Plan of Care

Limit AJH Surgical Team scripts

Auditing Process

PRE-OP: *Follow Order-Set activation for CPP identified patients*

**Gap- Patients via ER*

INTRA-OP: *BARI-BLOCK Study (ACS Q/S)*

FLOOR: *OB Audit tool > narcotics & non-narcotics prescribed vs. given (customize for Gen. Surgery)*

Selected surgical procedures > comparison of narcotic scripts in 2017 and 2018 (ACS- Q/S)

Follow LOS and inpatient narcotics prescribed for CPP after identified to those prior to ID

IMPORTANT CONTACT INFORMATION REGARDING OPIOID DISPOSAL AND TAKE-BACK LOCATIONS

Any expired or unwanted medications should be properly disposed of at a designated take-back location.

- Abington Hospital – Alliance Pharmacy, 215-481-4318
- Bucks County Drug & Alcohol Commission, Inc. 215-733-9313, Option 2, Ext. 2730 buckscounty.org/LivingAndWorking/DrugAndAlcoholCommission
- Center for Disease Control – Opioid Overdose cdc.gov/DrugOverdose
- Chester County, 1-866-286-3767 chesco.org/216/Drug-and-Alcohol
- Delaware County, 610-713-2365 co.delaware.pa.us
- Montgomery County Drug & Alcohol Information and Advocacy Service, 1-800-221-6333, montcopa.org
- PA Commonwealth Prevention Alliance, pastop.org
- PA Department of Drug and Alcohol Programs (includes Philadelphia locations), ddap.pa.gov
- U.S. Food & Drug Administration – Resources fda.gov/drugs/ResourcesForYou

Are you or someone you know suffering from a prescription drug or heroin problem?

HOTLINE FOR HELP: 1-800-662-HELP (4357)



**Abington
Jefferson Health.**

HOME OF SIDNEY KIMMEL MEDICAL COLLEGE

1200 Old York Road, Abington, PA 19001
215-481-2000 | JeffersonHealth.org/Abington

ALTERNATIVES FOR MANAGING ACUTE PAIN

Opioids are not the only option for controlling pain. There are other medications and treatments that can be very effective in managing your pain. These can include non-opioid medications and non-pharmacologic treatments. These two options can be used alone, or together, to help manage your pain.

Non-Opioid Medications

- Acetaminophen i.e. Tylenol
- Ibuprofen i.e. Motrin
- Naproxen i.e. Aleve
- Some medications that are also used for depression and seizure control

Non-Pharmacologic Treatments, Per Your Doctor's Approval

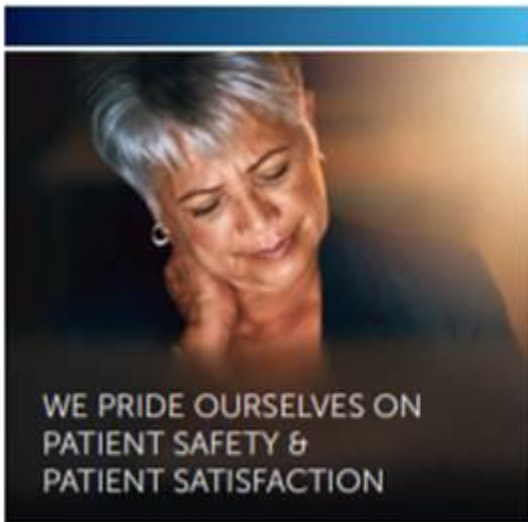
- Physical Therapy/Exercise/Stretching
- Acupuncture or massage
- Cognitive behavioral therapy (CBT)
- Application of heat or ice to the affected area

When to Seek Help

If you are having side effects that are preventing you from your usual activities (nausea, vomiting, dizziness, constipation, upset stomach, depression/confusion) call your healthcare provider. Contact your provider if the opioids are not helping with the pain or if you have questions or concerns about the medication.

WHEN TO CALL FOR EMERGENCY HELP...

You and your caregiver should call for help when your heart is acting differently than normal (beating too slow, too fast or is irregular), you experience a seizure, you experience severe muscle pain or weakness.



WE PRIDE OURSELVES ON
PATIENT SAFETY &
PATIENT SATISFACTION

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about treatment resources. Your call is completely
confidential. This hotline is staffed by trained
professionals and is available 24 hours a day,
seven days a week. It is available in both English
and Spanish.

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**Patient Education content referenced from
The Center for Disease Control and Prevention (CDC)
Last updated April 2018*

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MANAGING ACUTE PAIN



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THE PROS

■ WITH GOOD PAIN CONTROL...

- You will be able to gain your strength back and go home from the hospital sooner.
- You will get a good night's sleep. Feeling rested will give you more energy to feel active.
- You will be able to get out of bed and walk around to help you heal faster.
- You will feel more comfortable to cough and deep breath (this helps to avoid lung problems like pneumonia).



THE CONS

■ SIDE EFFECTS...

- Nausea and vomiting
- Dry mouth
- Sleepiness/dizziness
- Upset stomach/constipation
- Confusion/ Depression
- Itching
- Physical dependence
(meaning withdrawal symptoms can happen)

THE DO'S & DON'T'S

DO

- DO take opioids* ONLY as directed.
- DO give your healthcare provider a list of your current medications.
- DO talk to your doctor about the safety of combining your pain medication with other medications, herbal supplements and herbal patches.
- DO know how much, and how often to take the pain medication.
- DO store opioids in a secure place.
- DO prevent constipation by using a laxative such as Miralax.
- DO follow up with your healthcare provider as directed.
- DO refer to the back of this brochure for resources and contact information regarding proper medication disposal and local Take-Back locations.

DON'T

- DON'T take opioids in higher amounts or more often than prescribed.
- DON'T sell or share prescription opioids.
- DON'T drive or operate heavy machinery while taking opioids.
- DON'T combine opioids with alcohol.

*Examples of opioids include: oxycodone, morphine, Vicodin, Percocet, codeine, hydromorphone

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