

PROTOCOL FOR THE PRESCRIPTION OF CONTROLLED SUBSTANCES BY EMERGENCY DEPARTMENT PROVIDERS

This policy provides guidelines for appropriate action when a patient suspected of abusing drugs requests prescription for a controlled substance from an emergency practitioner. For clarity, a practitioner is anyone legally permitted to prescribe a controlled substance in the hospital emergency department (ED).

1. A patient requesting medication refill for a controlled substance will undergo a medical screening examination by a qualified medical provider in keeping with overall hospital policy and federal regulation. No patient will be denied care.

2. When a patient requests a refill of controlled medication:
 - a. The practitioner will attempt to verify the patient's current medication regimen. This may involve patient interview, review of medical records, contact with the patient's prior providers, search for existing controlled substances contracts, and electronic query of the state prescription monitoring program database (PMP). If pertinent, the provider is urged to print the patient's PMP profile, label it with the patient's record number, and include it in the ED medical record.
 - b. For the patient who requests refill for a controlled substance that has been allegedly lost, stolen, misplaced, expired, or is otherwise unavailable, such prescriptions are not permitted.
 - c. For the patient with a current controlled substances contract who requests refill for a controlled substance, such prescriptions are not permitted.
 - d. At the discretion of the practitioner, this policy allows exceptions in rare cases. For example, abrupt discontinuation of benzodiazepines, even in patients abusing this class of controlled medications, may cause life threatening withdrawal symptoms. Exceptional prescriptions for controlled substances should not exceed a four day supply. Patients should also be told that this practice is not standard practice and will not be repeated. (A four day supply will allow sufficient medication for a weekend and Monday holiday.)
 - e. Maine law allows a practitioner to report a patient to the police if, in good faith, the practitioner believes the patient has used deception to obtain a prescription for a controlled substance. Practitioners who report patients may be required to participate in further legal proceedings against the patient.

3. For the patient with a new painful condition who is chronically taking controlled substances, has many emergency department visits for painful conditions, has many controlled substance prescriptions from the emergency department, or has many controlled substance prescriptions verified in the state PMP database:
 - a. Practitioners should optimize acute pain management using immobilization, injection, and other strategies in combination with non-controlled medications.
 - b. Controlled substances should only be prescribed in coordination with the regular provider managing the patient's current controlled substance prescriptions.
 - c. Controlled substance prescriptions will only be written on an exceptional one-time basis.
 - d. This policy does not apply to the patient with terminal illness.

<https://www.ruralhealthinfo.org/community-health/project-examples/files/893-opiate-rx-guideline-1ch.pdf>