

Due to Recent Increase in Prescription Medication Addiction, Overdose and Deaths the Cherry Hill, First Hill, Ballard and Issaquah Emergency Departments Follow These Guidelines to Reduce Prescription Drug Abuse **

- 1. One provider should provide all opioids to treat a patient's chronic pain:** *We do not prescribe additional narcotic pain medications after the first visit or when you are already receiving or have received medications from another doctor or ED. Any exception will be done only after a urine tox screen and direct contact with your regular doctor.*
- 2. The administration of intravenous and intramuscular opioids in the emergency department for the relief of acute exacerbations of chronic pain is discouraged:** *We do not give pain medication shots (injections) for exacerbations of chronic pain.*
- 3. Prescriptions for controlled substances from the emergency department should state the patient is required to provide a government issued picture identification (ID) to the pharmacy filling the prescription:** *You will be asked to show a state ID (Drivers License or similar) when you get a narcotic prescription from our ED filled at the pharmacy.*
- 4. Emergency departments should photograph patients who present for pain related complaints without a government issued ID:** *If you do not have photo ID and are requesting or prescribed narcotic pain medication we will take your photograph for the medical record.*
- 5. Emergency medical providers should abstain from providing replacement prescriptions for controlled substances that were lost, destroyed or stolen:** *We do not refill stolen or lost prescriptions for narcotics or controlled substances.*
- 6. Emergency medical providers should not provide replacement doses of methadone for patients in a methadone treatment program who have missed a dose:** *We do not provide missed methadone doses.*
- 7. Long acting or controlled release opioids (such as OxyContin, fentanyl patches and methadone) should not be prescribed for acute pain:** *we do not prescribe long acting or controlled release opioids (OxyContin, MSContin, fentanyl, Duragesic, methadone . . .)*
- 8. Emergency departments should share the ED visit history of a patient with other emergency physicians who are treating a patient:** *Health care laws allow us to share and request your medical record and visits with other doctors.*
- 9. Emergency departments should coordinate the care of patients who frequently visit the ED using an ED coordination program:** *Frequent users of the ED will often have care plans made to facilitate and optimize their care including avoidance of use of medications associated with abuse or addiction.*
- 10. The Swedish Ballard, Cherry Hill, Issaquah, and First Hill Emergency Physicians do not prescribe Schedule 2 Controlled Substances -- those most associated with abuse or addiction -- including oxycodone or oxycodone containing medications (Percocet, OxyContin), Dilaudid (hydromorphone), Morphine (MSContin), fentanyl (Duragesic) and others.**

Source: Swedish Cherry Hill Medical Center, Seattle.