



NMHA-Recommended Opioid Risk-Reduction Strategies and Prescribing Guidelines in New Mexico Emergency Departments

The New Mexico Hospital Association (NMHA) Behavioral Health Task Force has set a goal to develop hospital-based strategies within emergency departments to address risks of opioid use, misuse and abuse. Once finalized and approved by the NMHA Board of Directors, all acute care hospitals will be encouraged to adopt them. While recognizing the need to assess the clinical needs of each patient, these guidelines seek to promote risk reduction strategies and provider support mechanisms around opioid use, misuse, abuse and prescriptions within New Mexico hospital emergency departments.

These guidelines are not intended to interfere or supersede the professional medical judgment of the treating provider to determine the right course of treatment (including prescribing practices) based on each individual patient's medical condition.

1. Hospital Emergency Department personnel should develop a process to screen for substance misuse and abuse that includes services for brief intervention and referrals to treatment programs for patients who are at risk for developing, or who actively have, substance use disorders.
2. Hospital Emergency Department personnel should develop a process to document an appropriate pain assessment as well as a reason pain medication was denied to meet CMS standards for pain assessment and treatment; the patient should receive this information too.
3. Emergency Departments should develop processes to facilitate appropriate provider or provider delegate consultations of the NM Prescription Monitoring Program (PMP) prior to writing opioid prescriptions.
4. Hospitals should support timely implementation and the use of the Emergency Department Information Exchange to reduce risk associated with frequent ED visits and potential for multiple narcotic or benzodiazepine prescriptions.
5. Hospitals should develop a process to coordinate the care of patients who frequently visit Emergency Departments.
6. Hospitals should support processes for ED provider notification of a patient's primary opioid prescriber or primary care provider when prescriptions for acute exacerbations of chronic pain are made.
7. ED providers and hospital-based pharmacies should be encouraged to prescribe nasal naloxone and provide education to at-risk patients (e.g., patients on high dose/quantity narcotic prescriptions, patients with accidental prescription or illicit narcotic overdoses, etc.) and their families/friends.
8. Hospitals should support appropriate Emergency Medicine provider opioid prescribing practices, to include posting Emergency Department Controlled Substance Administration and Prescribing Guidelines that include the following:
 - Patients with recurrent ED visits for chronic, non-verifiable, non-cancer or acute injury related pain
 - Patients who are receiving controlled substance prescriptions from multiple providers



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- Patients who have forged or altered prescriptions
- Patients who materially alter the facts of their medical history, give false demographic information, or attempt to obtain medication under false pretense
- Patients with chronic non-cancer pain
- Patients with controlled substance prescriptions that are lost, stolen, destroyed or misplaced
- Sedative medications, including but not limited to benzodiazepines and carisoprodol, are also considered medications that would not be refilled by the ED

In addition:

- In areas with limited pharmacy access, opioids and sedatives would only be dispensed from the ED to bridge the time until a pharmacist may fill the prescription
- It is discouraged, and would be considered an exception to typical ED practice pattern to prescribe the following medications from the ED: Oxycontin, MS Contin, and fentanyl patches (ie long acting opiates) OR methadone and suboxone (except in coordination with an established substance abuse program). We recognize that unique and rare medical situations may arise, where this may be appropriate according to provider judgement
- As a general guideline, providers should be encouraged to prescribe the lowest possible appropriate quantity of a controlled substance prescription to patients who qualify for this type of medication. Consistent with legislatively established requirements, providers should consult the PMP for any prescription longer than 4 days' duration
- If a provider has concerns about atypical ED prescribing patterns of another provider, please contact the head of your ED for review
- Providers should be encouraged to contact any primary opioid prescribing provider for patients who present with opioid overdose