Resolution
Resolution Title: Safe Pain Medicine Prescribing

Whereas, drug overdose was the leading cause of injury in 2012\(^1\). In the US, drug overdoses kill more people 25-64 years old than motor vehicle accidents\(^1\).

Whereas, in 2013, 35,663 (81.1\%) of the 43,982 drug overdose deaths in the United States were unintentional, 5,432 (12.4\%) were of suicidal intent\(^1\).

Whereas, the drug overdose rate has more than doubled from 1999 through 2013\(^1\).

Whereas, in 2011, drug misuse and abuse caused about 2.5 million emergency department visits. Of these, more than 1.4 million ED visits were related to pharmaceuticals\(^1\).

Whereas, opioid analgesics, like oxycodone, methadone or hydrocodone, were involved in about 3 of every 4 pharmaceutical overdose deaths\(^2\).

Whereas, in 2007, prescription opioid abuse costs were about $55.7 billion in 2007\(^3\).

Resolved, that ENA endorse the document titled “Safe Pain Medicine Prescribing\(^7\)” created by The Prescription Opioid Misuse and Overdose Prevention Workgroup.

Resolved, that ENA make the “Safe Pain Medicine Prescribing\(^7\)” document available on its’ website as a resource for emergency nurses, advance practice nurses and emergency departments.

Background Information:

“Prescription drug abuse-related emergency department visits and treatment admissions have risen significantly in recent years. Results from the 2013 National Survey on Drug Use and Health indicate that about 15.3 million people aged 12 or older used prescription drugs non-medically in the past year, and 6.5 million did so in the past month. Other negative outcomes that may result from prescription drug misuse and abuse include overdose and death, falls and fractures in older adults\(^4\)."

“States should ensure that providers follow evidence-based guidelines for the safe and effective use of prescription painkillers. Swift regulatory action taken against health care providers acting outside the limits of accepted medical practice can decrease provider behaviors that contribute to prescription painkiller abuse, diversion, and overdose\(^4\)."

“Treating patients for pain in an emergency department presents unique challenges. Frequently there is a limited ability to obtain adequate patient history and the primary care physician may not be available. Drug seeking patients may take advantage of this in order to secure controlled substances\(^6\). “Although relieving pain and reducing suffering are primary emergency physician
Responsibilities, there is a concurrent duty to limit the personal and societal harm that can result from drug misuse and abuse. 

Financial Considerations:

References:

1. Centers for disease control and prevention—Prescription drug overdose in the United States


6. Medical Board of California—Guidelines for prescribing controlled substances for pain (2014)
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