

Safe Discharge: Perception among both Emergency Medicine Attending Physicians and Nurses Regarding Discharging Patients after Opiate or Opioid Administration

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Plan / Introduction:

At the center of contemporary discussions on emergency health systems is the discussion on opioid use. Few unresolved issues are so universally agreed upon with regard to severity and yet so elusive with regard to solutions. To that end, the 2016 congressional budget has allocated more than \$400 million in funding to address the opioid epidemic (more than \$100 million more than the previous year)¹.

Disciplinary guidelines for administering opioids and opiates in the emergency department (ED) are accessible, and the research supporting their suggestions is comprehensive²⁻⁴. Unfortunately however, guidance provided therein is focused largely on preventing and/or limiting opioid abuse in the community, and does not extend to the issue of safe discharge from the ED. In addition to overdose and addiction, iatrogenic complications such as impairment of motor function, respiratory depression, and constipation are well documented and merit investigation⁵. While the problem of nonmedical opioid analgesic use is certainly critical, it is important to also recognize the issue of safe discharge and apply the same types of analysis to the potential incongruity between providers in the ED.

With success demonstrated by standardization of hospital-based guidelines in aiding ED physicians in 'gray areas' of opioid analgesia,⁶ it is hoped that insight derived from this survey may go on to inform discharge and monitoring guidelines.

Do / Methods:

Lehigh Valley Health Network is a large, mixed rural/urban teaching hospital with more than 180,000 ED visits across three sites. Study participants were taken from 77 board certified EM physicians and 81 nurses and assessed the following variables regarding opioid/opiate administration via a content-validated online survey:

- Factors affecting discharge of patients following administration
- Roles of physician and nurse in discharging patients following administration
- Duration of patient monitoring for individual drugs and routes of administration
- Perception of existence and perceived value of hospital and national guidelines for safe discharge

Study / Results:

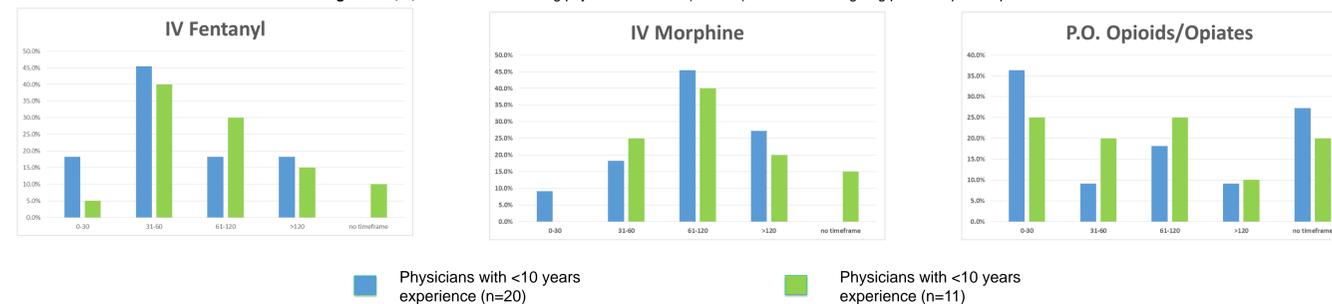
Table 1. Perceptions regarding guidelines for opioids/opiates in the ED

Percent that believe the following:	Physicians (n=31)	Nurses (n=71)
ED limits total number of opiate/opioid administrations a patient receives in the ED	16.7%	32.4%
There are national, clinical policies or guidelines that currently exist addressing the issue of safe discharge from the ED after administration of opiates/opioids	29.0%	18.8%
Feel that developing a policy or guideline for the safe discharge of patients after administration of opiates/opioids in the ED is important to clinical practice	83.9%	97.1%

Table 2. Perceptions regarding patient discharge for those receiving opioids/opiates in the ED

Percent that believe the following:	Physicians (n=31)	Physicians	Nurses	Both
Current patient discharge decision after admin. of opiates/opioids in the ED is primarily left to the:	Physicians (n=31)	45.2%	9.7%	45.2%
	Nurses (n=71)	40.8%	16.9%	42.3%
Who should be responsible for discharge of patients after admin. of opiates/opioids in the ED?	Physicians (n=31)	32.3%	3.2%	64.5%
	Nurses (n=71)	33.8%	4.2%	62.0%

Figure 1: a, b, c. Percent of attending physicians vs. time (minutes) monitored after giving patients opioids/opiates



Citations:

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3. Hoppe JA; Nelson LS; Perrone J; Weiner SG. "Prescribing Opioids Safely in the Emergency Department (POSED) Study Investigators." *Ann Emerg Med.* 66(3): 253-259.e1. 2015.
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6. Macintyre, PE et al. "Costs and consequences: a review of discharge opioid prescribing for ongoing management of acute pain." *Anaesth Intensive Care.* 42: 558-574. 2014.
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Act / Conclusions:

While the problem of nonmedical opioid analgesic use is certainly critical, it is important to also recognize the issue of safe discharge and apply the same types of analysis to the potential incongruity between providers in the ED.

- With 97.1% of nurses and 83.9% of physicians in favor of safe discharge guidelines (**table 1**), successful implementation may face a potential barrier and will require cooperative planning.
- Both groups believe that the discharge decision should be more team-based between physicians and nurses than it currently is (**table 2**).
- Variance is seen both within and between subgroups of physicians with regard to monitoring following administration of oral opioids/opiates (**figure 1c**). While the sample size is modest and thus may not be indicative of the clinical community at large, it is significant and helpful when considering hospital based guidelines which have been shown to compliment and occasionally supersede state and national guidelines.³ Both development and implementation of guidelines likely face challenges from such discordance, but the need for standardization is here reinforced.

Going forward, it is important to note the potential benefits and challenges of developing and implementing guidelines. Safe-discharge is multi-faceted with regard to variables, and follow-up is challenging in an uncontrolled, unmonitored environment. Comprehensive guidelines would ideally address type, route, and dose of the opioid/opiate administered along with specific adverse effects to monitor for. Additionally, it would be applicable to all members of the patient-care team. Development of such guidelines would require rigorous sampling of patient outcomes along with ample input from both physicians and nurses in the field. The benefits, aside from the guidance of a best-practice model, include utilization of the guidelines as a form of rationale for informing patients. This use was highlighted in past opioid guideline studies as a way to align autonomous patient choice with evidence-based medicine.⁷ For these reasons, we believe that it is important to develop and implement guidelines to improve the safety of ED discharge following opioid/opiate administration.

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