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**WEST VIRGINIA HOSPITAL ASSOCIATION ANNOUNCES GUIDELINES FOR USE AND PRESCRIBING OF OPIOIDS IN HOSPITAL EMERGENCY DEPARTMENTS**

**CHARLESTON, WV** – The West Virginia Hospital Association (WVHA) Board of Trustees recently endorsed new provider-focused and provider-developed recommended guidelines for all West Virginia hospitals to address the misuse of opioid prescriptions.

The *WVHA Guidelines for Use and Prescribing of Opioids in Hospital Emergency Departments* are the work of the WVHA Emergency Department (ED) Task Force and the WVHA Quality Committee, comprised of front-line experts from West Virginia hospitals and other leading healthcare professionals in West Virginia, including physicians and nurses. The guidelines were written and endorsed in partnership with the West Virginia Chapter of the American College of Emergency Physicians.

The new guidelines consist of 10 principles that establish baseline recommendations for opioid screening, prescribing practices, and appropriate use of resources to work with patients prior to prescribing an opioid pain medication in a West Virginia hospital emergency department. The overall goal is to ensure that healthcare providers in West Virginia have current, standardized resources and tools to work with, and to educate patients on the risk of taking opioid medications. The guidelines also recognize that each patient’s medical condition is unique, so it is not intended to interfere with or supersede the professional judgement of a treating clinician.

“The WVHA and our Board of Trustees strongly believe that the work of the Task Force compliments on-going national and statewide initiatives exploring substance abuse from all levels including Governor Tomblin’s Advisory Council on Substance Abuse,” said Joe Letnaunchyn, President and CEO of the WVHA.

“The tragedy of substance abuse has many root causes, and it takes a comprehensive approach to effectively tackle the situation,” said Letnaunchyn. “West Virginia hospitals and health systems have a crucial leadership role to play in helping to find and implement solutions, and this initiative aims to reduce the current high numbers of injuries and deaths that result from misuse and addiction to opioids.”

Opioids are medications that relieve pain. Medications that fall within this class include hydrocodone (e.g., Vicodin), oxycodone (e.g., OxyContin, Percocet), morphine, codeine, and related drugs. West Virginia has the third highest prescribing rate per 100 persons for opioid pain relievers (137.6 per 100 persons) and has the highest prescribing rate for benzodiazepines in the country (71.9 per 100 persons) – both rates are more than two standard deviations above the mean. West Virginia also has the highest drug overdose mortality rate in the nation.

Hospital emergency departments (EDs) are a source of opioid prescriptions and practitioners must balance the use of opioid pain medication in legitimate pain control with the responsibility of safe prescribing in light of the potential for misuse by patients. This is an increasingly difficult task with emergency department visits associated with pharmaceutical misuse or abuse increasing 114 percent between 2004 and 2011 in West Virginia.

“These guidelines are just one way West Virginia hospitals and health systems are proactively stepping up to do our part to fight against inappropriate access to and misuse of prescription opioid pain medication,” said Letnaunchyn.

#### *The 10 Guidelines for Use and Prescribing of Opioids in Hospital Emergency Departments*

1. In compliance with the West Virginia Medical Practice Act, one medical provider should provide all opioids (narcotics) to treat a patient's chronic pain. For exacerbations of chronic pain, the emergency medical provider should attempt to contact the patient's primary opioid provider or pharmacy. It is recommended that a summary of the ED care be sent to the primary opioid provider.
2. A prescription for a controlled substance should not be given to a patient without a government issued photo ID.
3. The administration of intravenous and intramuscular opioids in the ED for the relief of acute exacerbation of chronic pain is not in the patient's best interest and is discouraged.
4. Emergency medical providers should not provide replacement prescriptions for controlled substances that were lost, stolen, destroyed or finished prematurely.
5. Emergency medical providers should not provide replacement doses of methadone for patients in a methadone program without consultation with the methadone program.
6. The ED will not prescribe or dispense suboxone. The ED will not prescribe opioid pain pills to those identified as enrolled in a suboxone clinic without consultation with the suboxone clinic, except in the case of an acute injury or illness such as a broken bone.

7. Long-acting or controlled-release opioids should not be prescribed in the ED, with the rare exceptions of some hospice patients, and only after consultation with hospice.
8. Prescriptions for opioids from the ED for acute injuries, such as broken bones, will cover the shortest appropriate time. If the emergency provider does elect to provide pain medication for chronic pain, it will only be enough to cover until the next business day.
9. The ED may coordinate the care of patients who frequently visit the ED to establish a patient specific policy/treatment plan, which should include treatment referrals for patients with suspected prescription opioid abuse problems.
10. Hospital emergency department providers, or their delegates, should consult the West Virginia Controlled Substance Automated Prescription Program (CSAPP) before writing a controlled substance prescription.

*The WVHA is a not-for-profit association representing 66 acute and specialty hospitals and health systems across the continuum of care. The WVHA supports its members in achieving a strong, healthy West Virginia by providing leadership in healthcare advocacy, education, information and technical assistance, and by being a catalyst for effective change through collaboration, consensus building, and a focus on desired outcomes.*

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