

# Feasibility of Implementation of an Emergency Department Discharge Opioid Taper Protocol

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# Feasibility of Implementation of an Emergency Department Discharge Opioid Taper Protocol

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## STUDY OBJECTIVES

In 2016, over 4,700 people died from opioid overdose in Pennsylvania. To reduce the risk of adverse outcomes from opioid use, ACEP clinical guidelines state that if opioids are prescribed at discharge, the prescription should be for the lowest practical dose for less than one week. Also, the prescriber should consider the patient's risk factors for harmful use of these medications. In this quality improvement project initiated in August 2018, our emergency department (ED) implemented tapered opioid discharge prescription orders that ED providers can select with a single click in the electronic ordering system. While most emergency providers are cognizant of reducing overall number of opioids at discharge, the use of specific discharge opioid tapering protocols warrants further investigation.

## METHODS

The hospital opioid stewardship committee met with the electronic medical record (EMR) team to develop new single-click orders for three ED opioid tapers: hydrocodone/acetaminophen, oxycodone, and oxycodone/acetaminophen. Each option includes a prescription for seven 5-mg opioid pills with instructions for tapered use over three days: 1 pill every 6 hours on day one, 1 pill every 12 hours on day two, and 1 pill once on day three. Education was then provided on these new prescription orders to residents, advanced practice clinicians, and attendings. For data gathering, the use of tapers within the EMR was tracked via a data analytics dashboard to determine the percentage of opioid discharge prescriptions utilizing the tapers on a monthly basis from August 2018 through March 2019. Average morphine milligram equivalent doses (MMED) for ED providers were tracked during this same time period, with a goal of maintaining average MMED per discharge prescription under 50 for all providers taken together.

## RESULTS

In July 2018, the month prior to implementing the opioid discharge tapered order option, 0% of 493 total ED opioid prescriptions ordered at discharge utilized a taper, and the average MMED for ED providers was 34.67. After implementation in August 2018, average MMED per discharge prescription for the study time period remained under the goal of 50 MMED: 37.94. The percentage of opioid prescriptions that utilized the taper and average MMED for all ED providers by month were as follows: August 2018: 51/474 = 10.76% (MMED = 38.5); September 2018: 138/388 = 35.57% (MMED = 37.02); October 2018: 129/387 = 33.33% (MMED = 37.84); November 2018: 121/372 = 32.53% (MMED = 36.53); December 2018: 136/362 = 37.57% (MMED = 38.66); January 2019: 174/387 = 44.96% (MMED = 41.86); February 2019: 158/354 = 44.63% (MMED = 37.82); March 2019: 146/353 = 41.36% (MMED = 35.30).

## CONCLUSION

We conclude that implementing three different opioid 3-day/7-tablet taper options is feasible and increased the frequency of ED discharge opioid prescriptions that utilized a tapering dose. This change may improve patient safety by decreasing the risk of adverse outcomes related to opioid use, and it ensures discharge prescriptions are less than 50 MMED, as mandated by many commercial pharmacies for acute opioid prescribing.

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