

EM Painline

Critical Issues in the Prescribing of Opioids for
Adult Patients in the Emergency Department

Pre-Activity Physician Survey

The following questions are based on two possible scenarios one might see in the Emergency Department. Please answer the questions to the best of your ability based on the information given.

If you have any questions please contact us at info@empainline.org.

Please note that we have provided this PDF based form as a convenience/ service to the participants of this project. We realize some individuals will wish to view the form and responses prior to completing the online form.

This form does not replace the need to complete the online form. You must complete all elements of the activity, including the online forms, to obtain CME credit or to participate in the ABEM MOC pathway.

Pre-Activity Physician Survey

The following two vignettes describe scenarios you might encounter in an Emergency Department. Please answer the questions based on the scenarios to the best of your ability.

Vignette 1:

A 45-year-old female presents with one day of low back pain extending into the buttocks bilaterally. She rates her pain as 10/10. The pain occurred on lifting a toddler while babysitting yesterday. She is visiting from another city in Texas and has taken two 200 mg ibuprofen tablets every four hours for the past day without relief. She plans to return home in 14 days and has a primary care physician. Other than childbirth, her past history is unremarkable. She neither smokes nor drinks and has no contraindications to analgesics. On examination, she is lying on her side and resists movement secondary to pain. You find tenderness bilaterally in the lower back and there is no evidence of muscle spasm or spinal tenderness. Her neurologic exam otherwise appears to be normal. After receiving a total of six milligrams of intravenous morphine she states her pain has improved to 5/10 and she is able to ambulate. You prepare to discharge the patient.

1. What is your plan for a discharge analgesic prescription? (Choose one)

- Nonprescription NSAID or acetaminophen only
- Vicodin (acetaminophen with 5 mg hydrocodone)
- Percocet (acetaminophen with 5 mg oxycodone)
- Oxycontin (10 mg extended release oxycodone)
- Codeine (various preparations)
- Other (please indicate) _____

2. What number of pills/tablets/capsules would you prescribe? (Indicate number)

— — —

3. On average, how many pills/tablets/capsules would you expect such a patient to consume within the next 14 days? (Indicate number)

— — —

4. Would you query an online Prescription Drug Monitoring Program (PDMP), such as Prescription Access in Texas (PAT), prior to writing a prescription in this case? (Choose one)

- I do not know what the PDMP is
- I am not registered for the PDMP
- I am registered and I **would** access the PDMP database in this case
- I am registered but **would not** access the PDMP database in this case

Go to next page for Vignette 2

Pre-Activity Physician Survey

Vignette 2:

A 35-year-old male with a known history of diabetic neuropathy presents on a Friday afternoon with worsening of his chronic bilateral foot pain. He rates his pain as 10/10. The pain is burning and aching in nature and has become worse over the last few days, progressing to the point that he cannot tie his shoes tightly. His physician prescribes pregabalin (Lyrica) and hydrocodone with acetaminophen (Vicodin) for pain and the patient has run out of his Vicodin. His physician is on vacation (with no one covering) but the patient states that he has an office appointment in two weeks. The patient smokes one pack per day and drinks socially. On examination, he has bilateral decreased sensitivity to pin prick below the knees; however, stroking the soles of his feet elicits severe pain. His symptoms improve with six milligrams of intravenous morphine. The patient requests a prescription for Vicodin tablets to manage his pain until his next physician appointment.

5. What is your plan for a discharge analgesic prescription? (Choose one)

- Nonprescription NSAID or acetaminophen only
- Vicodin (acetaminophen with 5 mg hydrocodone)
- Percocet (acetaminophen with 5 mg oxycodone)
- Oxycontin (10 mg extended release oxycodone)
- Codeine (various preparations)
- Other (please indicate) _____

6. What number of pills/tablets/capsules would you prescribe? (Indicate number)

— — —

7. On average, how many pills/tablets/capsules would you expect such a patient to consume within the next 14 days? (Indicate number)

— — —

8. Would you query an online Prescription Drug Monitoring Program (PDMP), such as Prescription Access in Texas (PAT), prior to writing a prescription in this case? (Choose one)

- I do not know what the PDMP is
- I am not registered for the PDMP
- I am registered and I **would** access the PDMP database in this case
- I am registered but **would not** access the PDMP database in this case

Go to next page for CAOS

Pre-Activity Physician Survey

The following questions refer to your beliefs and practices surrounding the prescribing of opioids by emergency physicians.

For all questions below, please circle the rating that indicates how strongly you agree or disagree with each of the following statements.

On a scale of **0 = strongly disagree** and **10 = strongly agree**.

9. Addiction is an important consequence of opioid prescribing.

0	1	2	3	4	5	6	7	8	9	10
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Strongly
Disagree

Strongly
Agree

10. Opioids delay a patient's return to full function.

0	1	2	3	4	5	6	7	8	9	10
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Strongly
Disagree

Strongly
Agree

11. I avoid prescribing opioids to my patients whenever possible.

0	1	2	3	4	5	6	7	8	9	10
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Strongly
Disagree

Strongly
Agree

12. Patients have unrealistic expectations for the benefits of opioids.

0	1	2	3	4	5	6	7	8	9	10
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Strongly
Disagree

Strongly
Agree