

EM Painline

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

Post-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.

Post-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 21-year-old male presents with pain in his right shoulder after being tackled to the ground during a football game. He complains of severe pain. On examination, you find the patient is neurovascularly intact with an obvious right shoulder dislocation. You order 1 mg of IV hydromorphone and after radiographs that confirm your diagnosis; the patient's pain has decreased from 10/10 to 5/10. You reduce the shoulder after injecting the joint with bupivacaine. The patient has no significant past medical history and is not currently taking any prescribed medications. He is grateful for your care and as you complete your history, he is very forthcoming regarding his history of occasional cocaine use. His pain is now rated as 3/10. While you prepare to discharge the patient, he asks if you will prescribe something for his continuing pain.

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 the online Prescription Access in Texas (PAT) database prior to writing a prescription in this case? (Choose one)

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

Go to next page for Vignette 2

Post-Activity Physician Survey

Vignette 2:

A 45-year-old male with a history of chronic headaches and borderline hypertension presents with a recurrent headache. His history is remarkable for episodic chronic headaches for the past ten years. This headache began two days ago after an argument with his ex-wife. He admits to nausea and states that bright lights worsen his pain. The headache begins in the front of his head, wraps around both sides of the scalp, and involves his upper neck. The pain has not responded to acetaminophen, ibuprofen, or hydrocodone. The latter has been prescribed by his primary physician monthly for the past six months. His physician is unavailable. The patient is lying on the stretcher with a towel over his eyes. He is afebrile, his neurologic exam is normal, and there is no nuchal rigidity. You administer 10 mg prochlorperazine IV with marked improvement in his pain. As you prepare to discharge the patient, he requests a new prescription for hydrocodone tablets should his pain worsen prior to the time he can see his physician.

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 the online Prescription Access in Texas (PAT) database prior to writing a prescription in this case? (Choose one)

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

Go to next page for CAOS

Post-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 select 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
---	---	---	---	---	---	---	---	---	---	----

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
---	---	---	---	---	---	---	---	---	---	----

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
---	---	---	---	---	---	---	---	---	---	----

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
---	---	---	---	---	---	---	---	---	---	----

Strongly
Disagree

Strongly
Agree