ALTO: Alternatives to Opioids

For the treatment of acute pain

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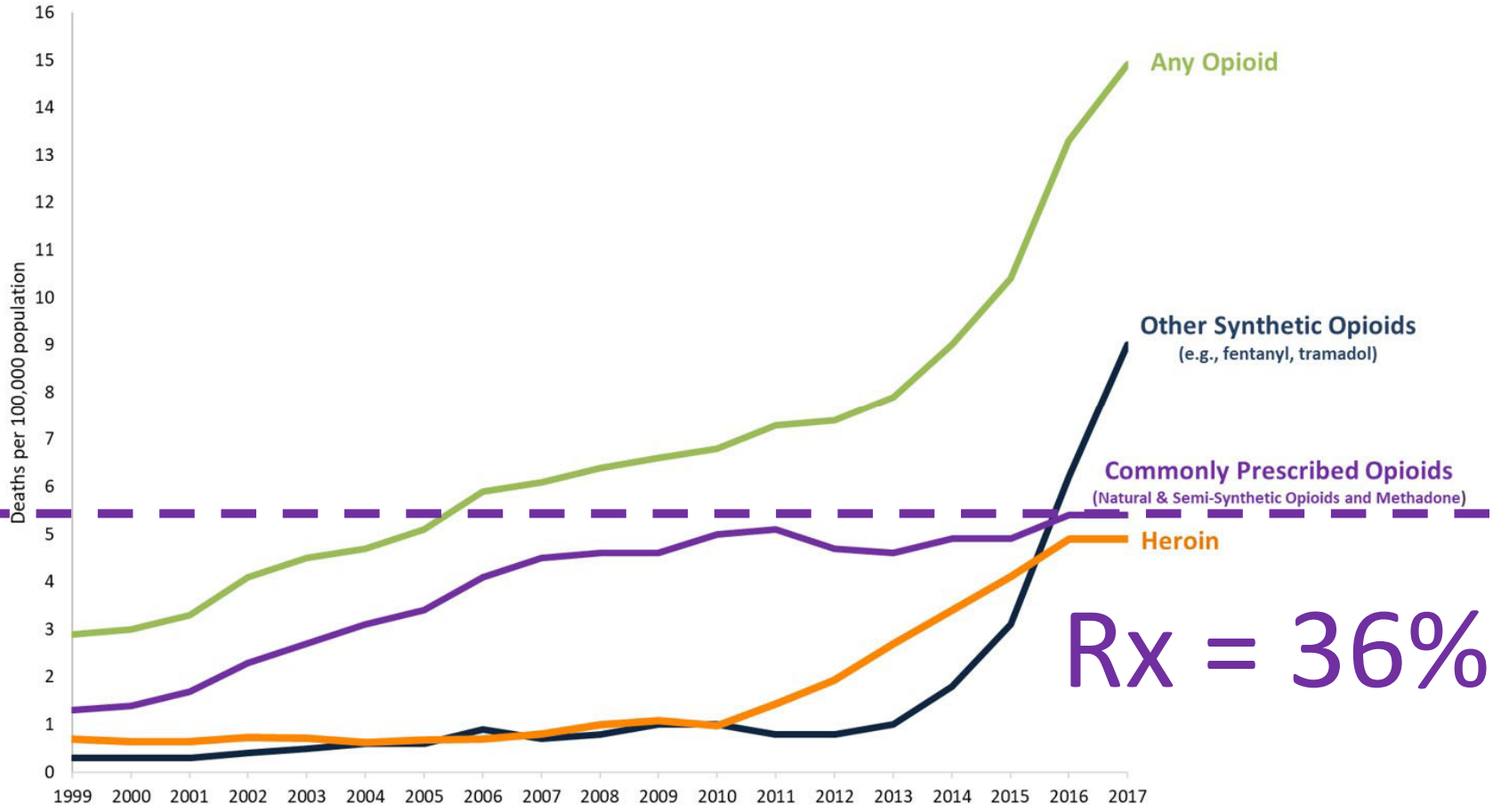
CA BRIDGE
TREATMENT STARTS HERE

Let's talk about…

- **ALTO: what, why, & how**
- Patient Education & Expectation setting in pain management
- Opioid prescribing guidelines
- Next steps for you!

Overdose Death Rates Involving Opioids, by Type, United States, 2000-2017



Rx = 36%

SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2018. https://wonder.cdc.gov/.

www.cdc.gov
Your Source for Credible Health Information

HHS 5-POINT STRATEGY TO COMBAT THE OPIOIDS CRISIS

Better addiction prevention, treatment, and recovery services

Better data

Better pain management

hhs.gov/opioids

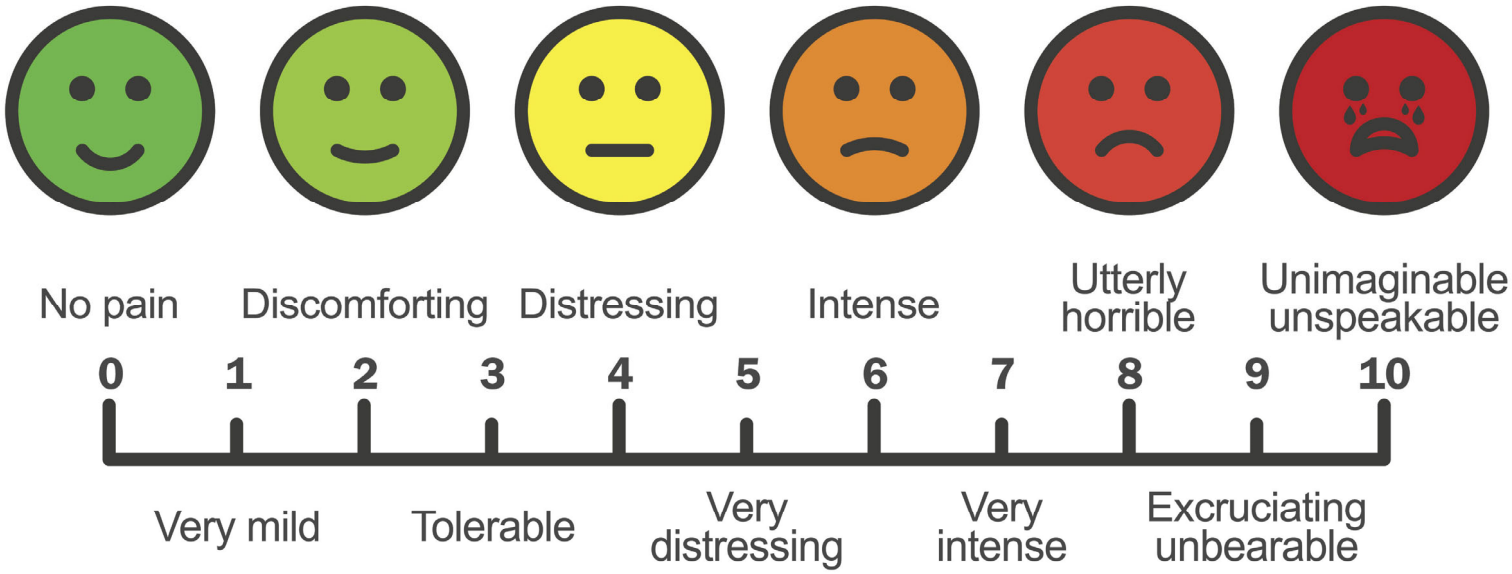
Better targeting of overdose reversing drugs

Better research

ALTO

Prevention	Recovery	Harm Reduction
Reduce initial exposure to & use of opioids	MAT (Buprenorphine), N.A., Community support programs	Needle exchange, safe injection teaching/facilities, Naloxone

141 Million	42%	17%
ED Visits	for PAIN	Receive Opioids



What's in Your Toolbox?

Opioids and…

What's in Your Toolbox?

Opioids and...

Lots of stuff...
and also opioids.

ALTO Goals

- Utilize **nonopioid** approaches as **first-line therapy**
- Utilize **opioids** as **second-line** or rescue medication
- Discuss **realistic pain management goals** with pts
- Discuss **addiction potential & side effects** with pts

ALTO Goals

- Optimize treatment by **targeting multiple pain receptors** – COX1/2/3, NMDA, Na Channel, GABA, Mu, etc.

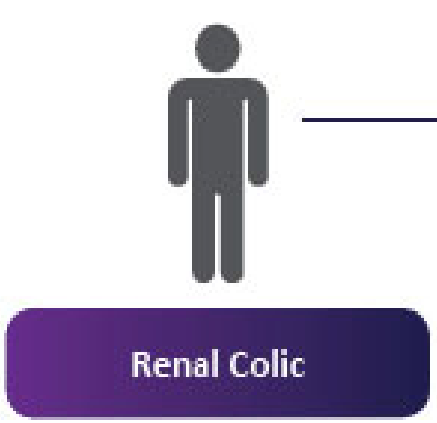
Including but not limited to:

NSAIDs	Acetaminophen	Ketamine
Lidocaine	Nitrous Oxide	Corticosteroids
Benzodiazepines	Gabapentin	Haldol

↓80%	↓38%
Opioid Prescriptions (2% vs. 17% nationally)	Opioid use in the ED

ALTO Protocols
Renal Colic
Musculoskeletal & Opioid Naïve Back Pain
Opioid Tolerant Back Pain
Chronic Pain Flairs
Headache
Procedural Pain Control in the ED

ALTO Protocol: Renal Colic



Renal Colic

Immediate/First-Line Therapy:
APAP 1000 mg PO
Ketorolac 15 mg IV
1 L 0.9% NS bolus

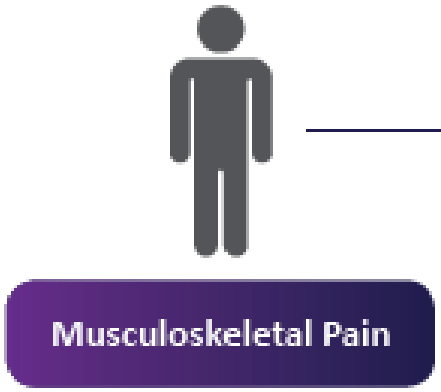
Second-Line IV Therapy:
Lidocaine 1.5 mg/kg IV (max 200 mg)

30 min Cardiac Monitor

Contraindications:

- Lidocaine Allergy
- Seizure history
- Known cardiac disease

ALTO Protocol: MSK & Opioid Naïve Back Pain



Musculoskeletal Pain

Non-IV Therapies:
APAP 1000 mg PO + ibuprofen 600 mg PO

JAMA studies show:
Naproxen = Naproxen + Oxy
Naproxen = Naproxen + Diazepam

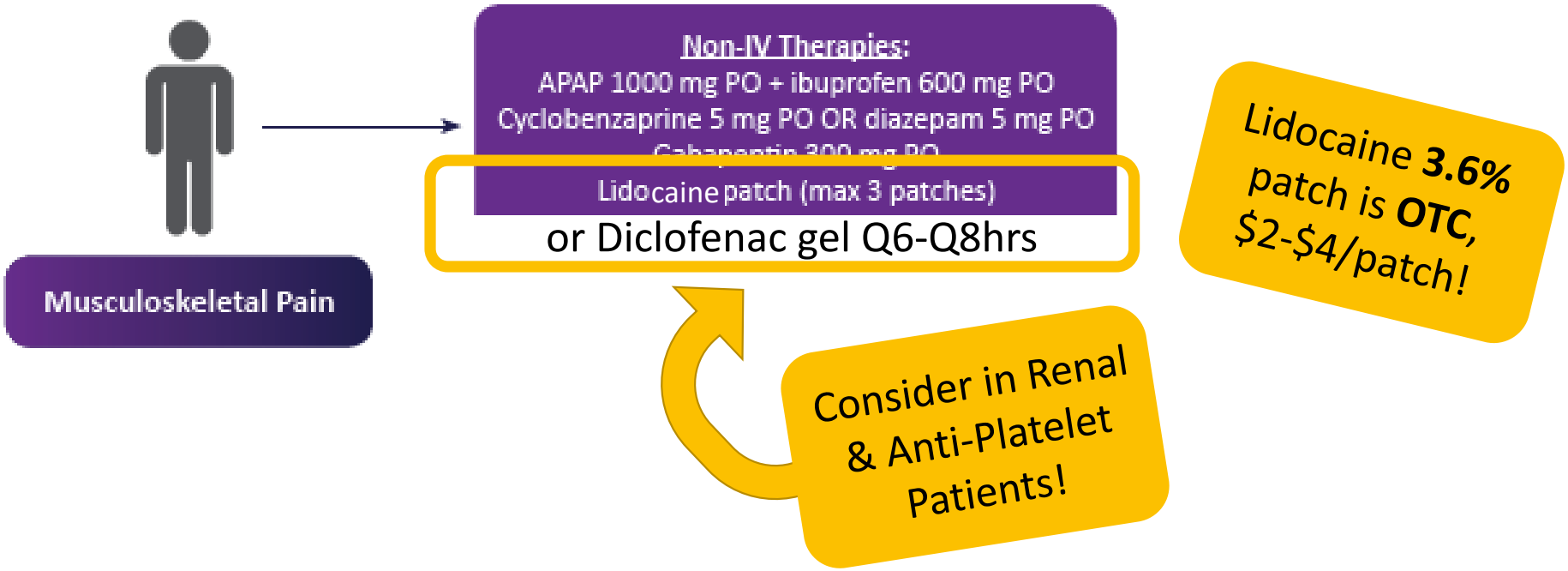
Oxy & Benzo added nothing

Ibuprofen
400mg Q6hrs
- or -
Naproxen
500mg BID

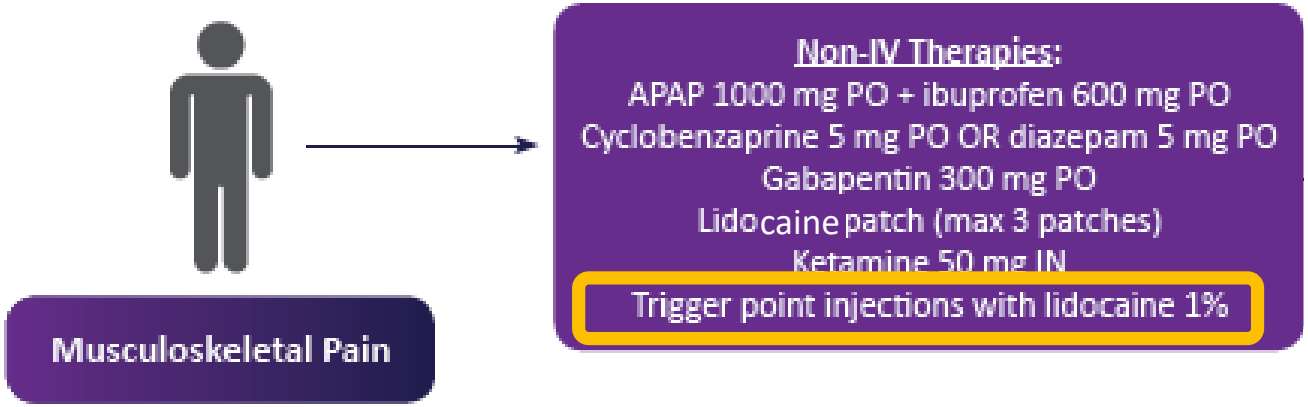
Ibuprofen 400mg + APAP 1g >> Ibu or APAP alone

ALTO Protocol: MSK & Opioid Naïve Back Pain

ALTO Protocol: MSK & Opioid Naïve Back Pain

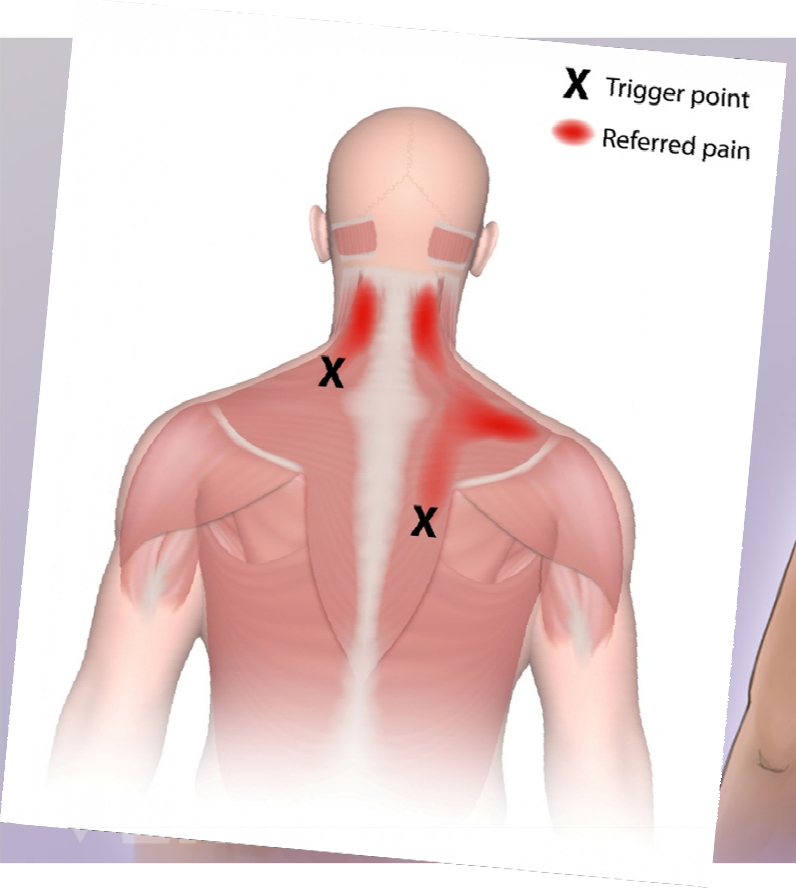


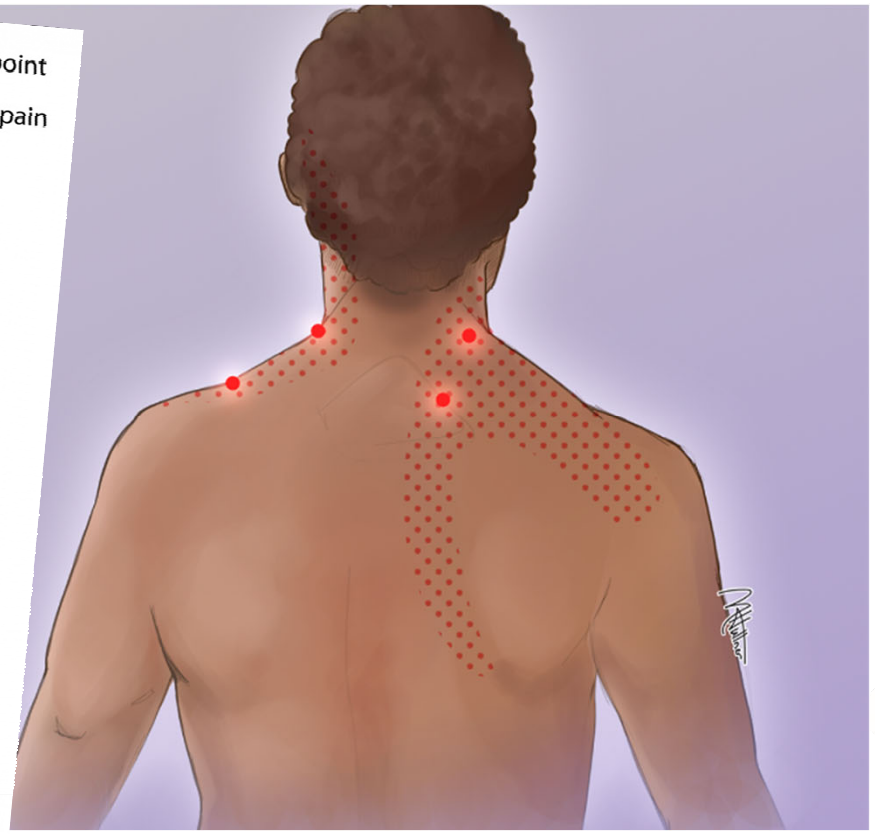
ALTO Protocol: MSK & Opioid Naïve Back Pain

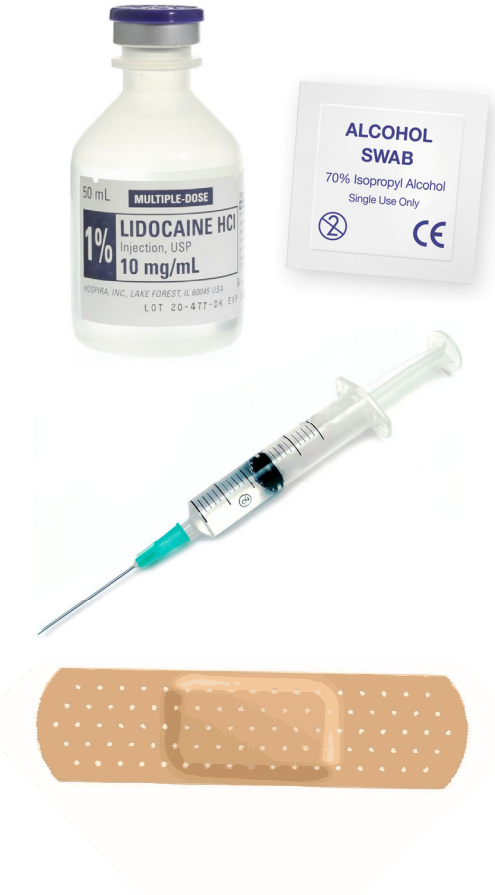


ALTO Protocol: MSK & Opioid Naïve Back Pain

TRIGGER POINT INJECTION







ALTO Protocol: MSK & Opioid Naïve Back Pain

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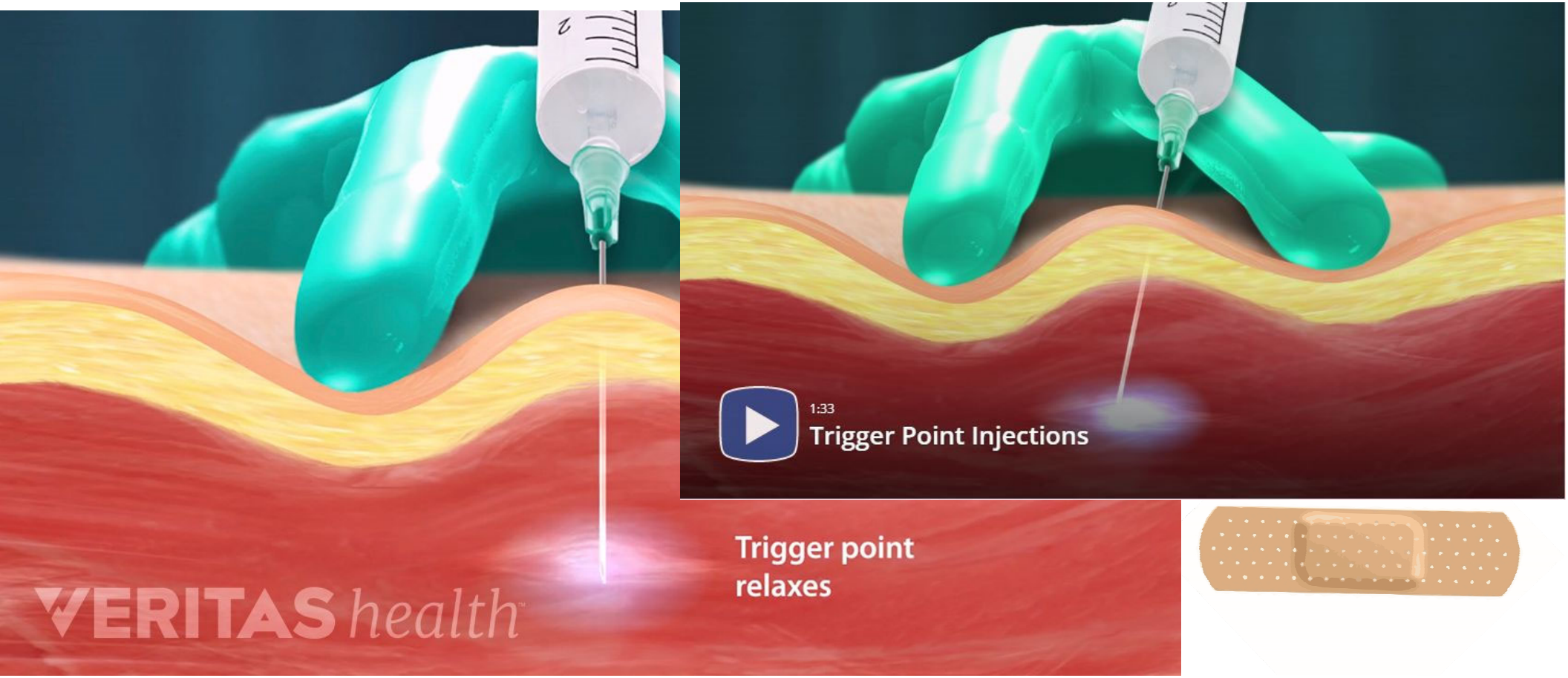
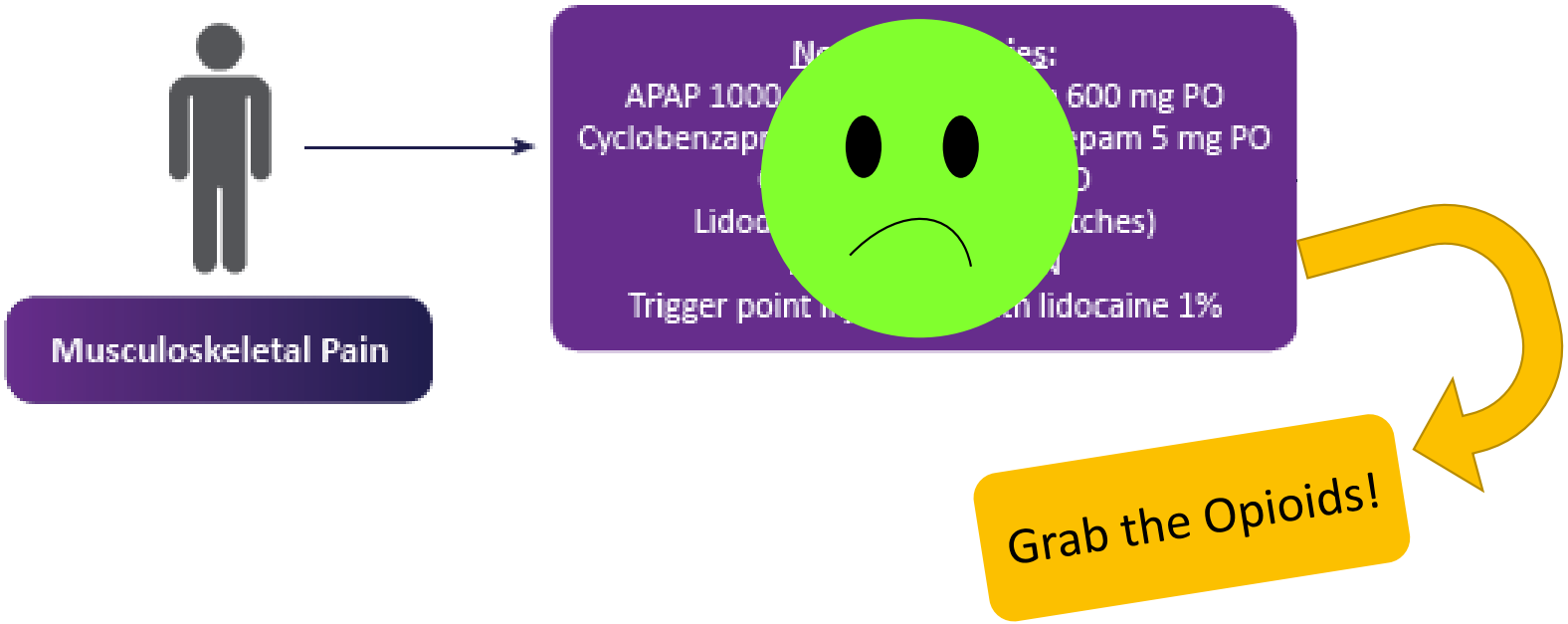


ALTO Protocol: Opioid *Tolerant* Back Pain



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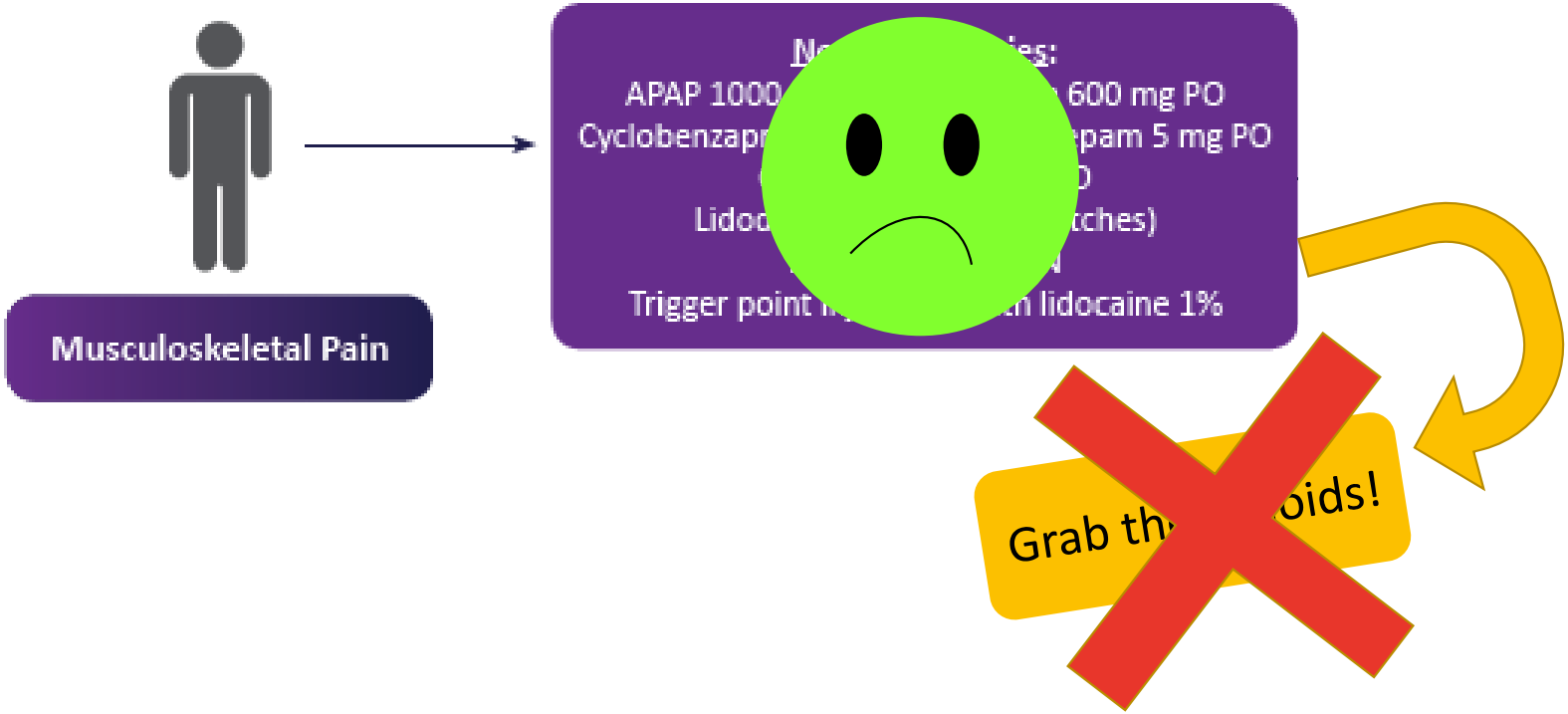
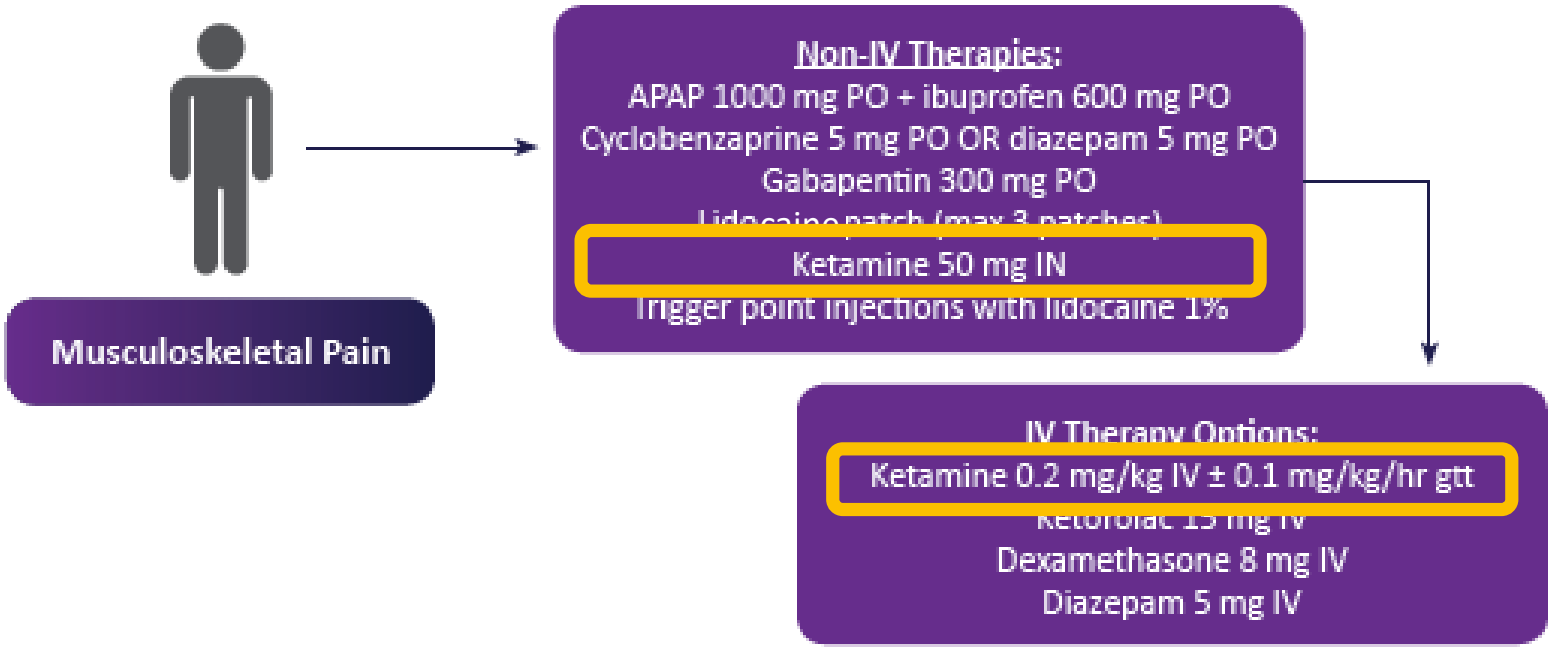
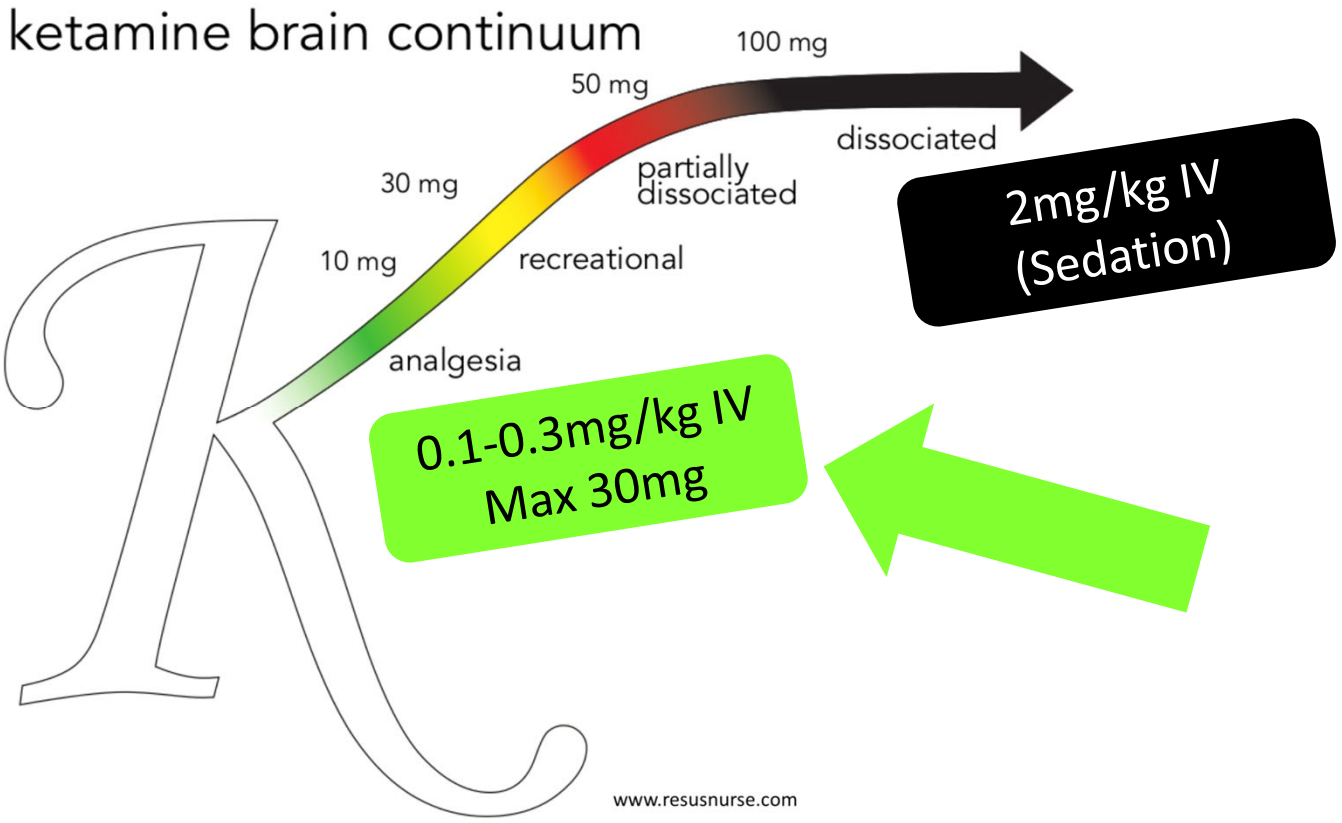


ALTO Protocol: Opioid *Tolerant* Back Pain



ALTO Protocol: Opioid *TOLERANT* Back Pain

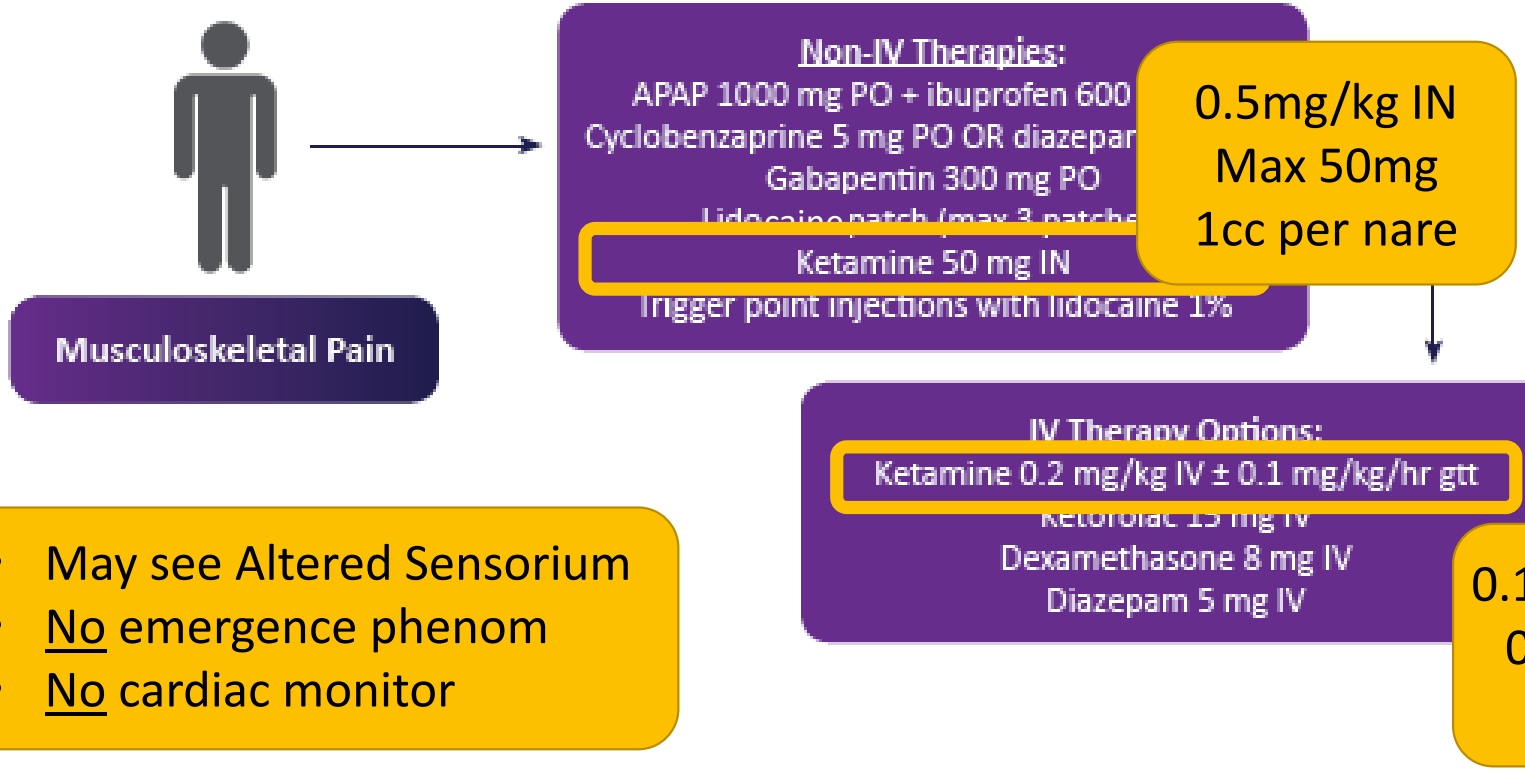
Ketamine



2mg/kg IV
(Sedation)

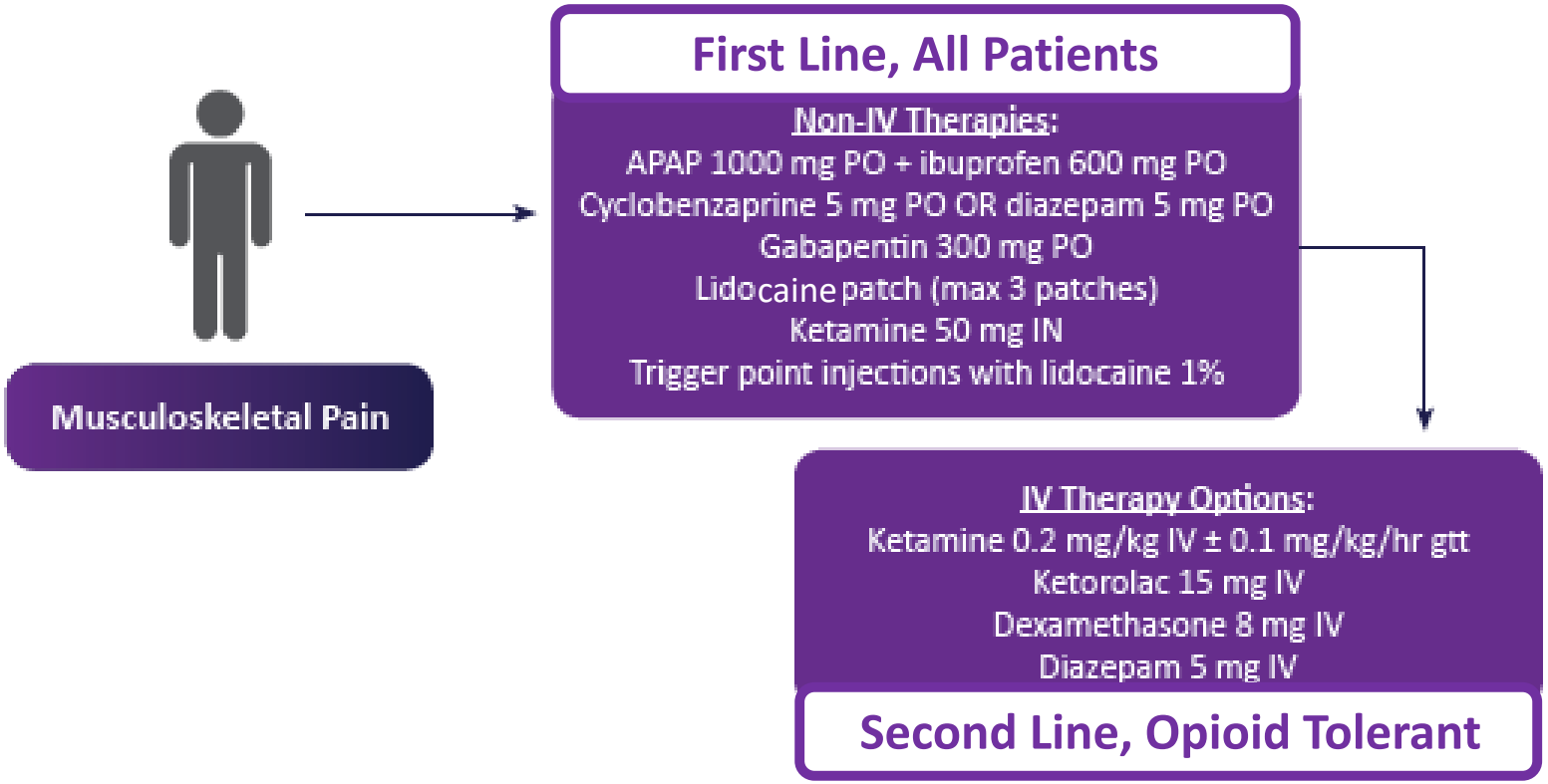
0.1-0.3mg/kg IV
Max 30mg

ALTO Protocol: Opioid *Tolerant* Back Pain

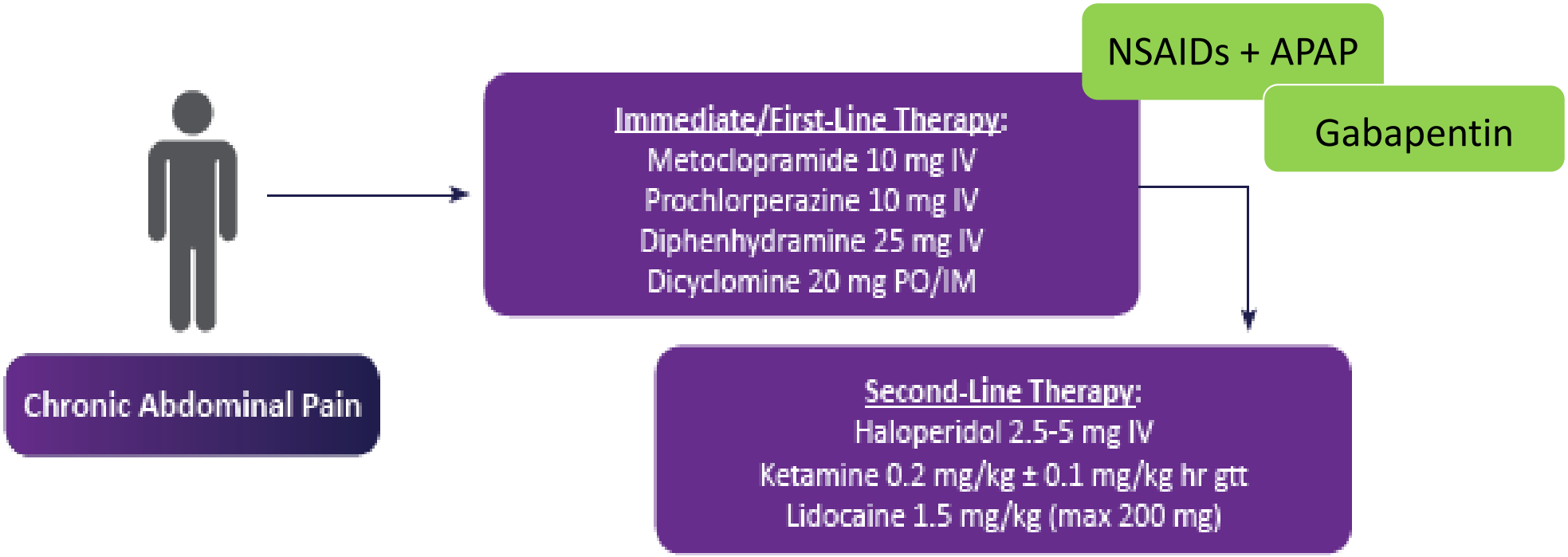


- May see Altered Sensorium
- No emergence phenom
- No cardiac monitor

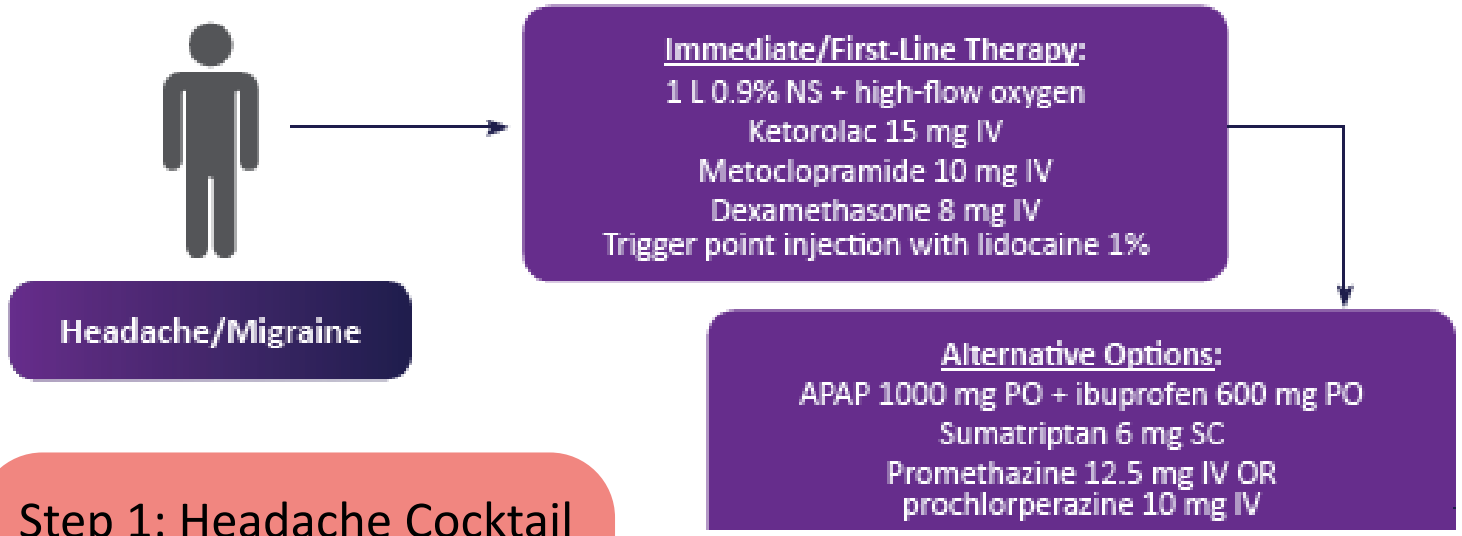
ALTO Protocol: MSK & Back Pain



ALTO Protocol: Acute on Chronic Pain



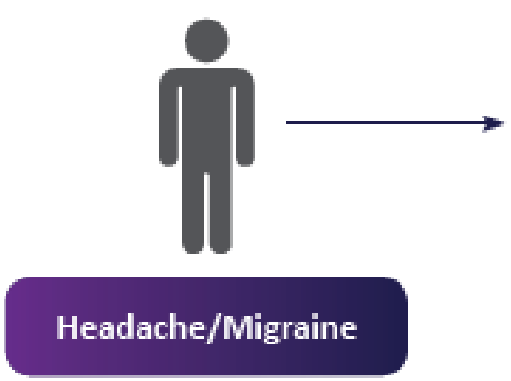
ALTO Protocol: Headache



Step 1: Headache Cocktail

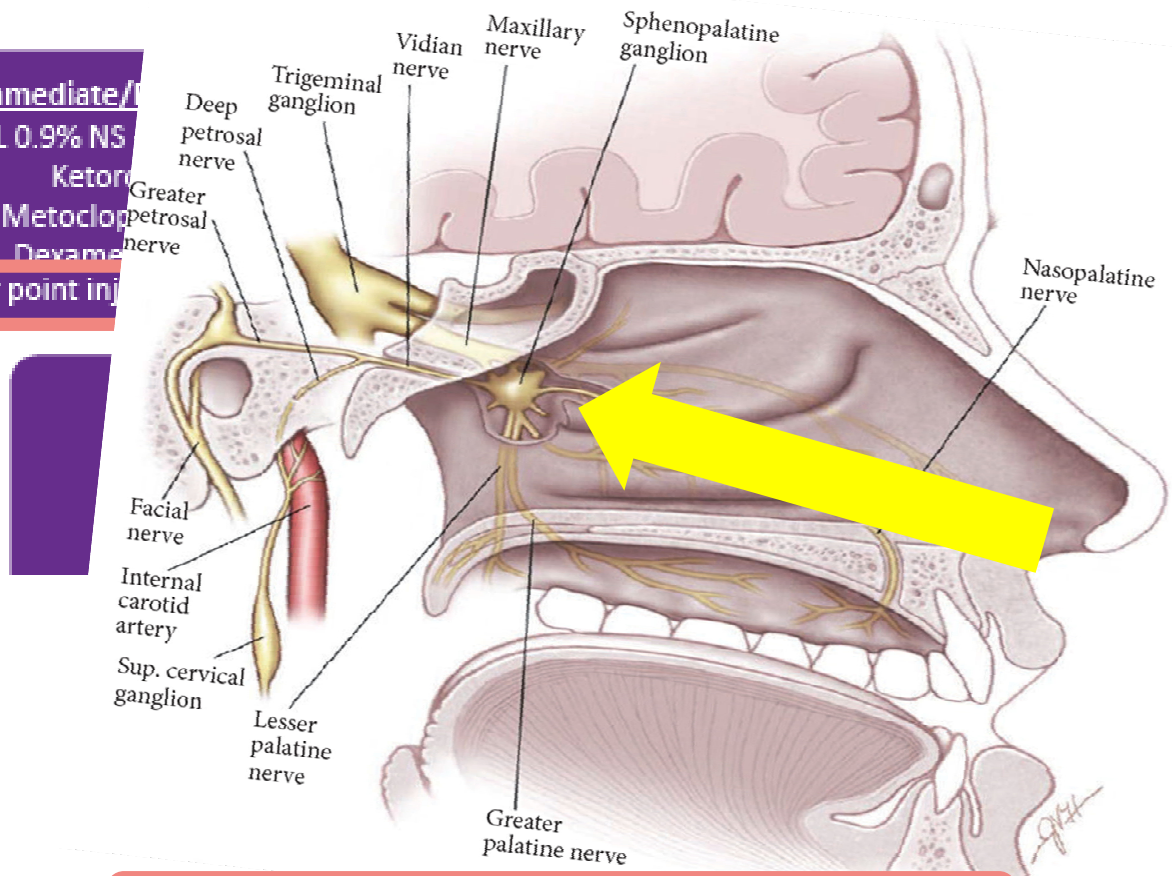
- IVF Bolus
- APAP + NSAID
- Anti-emetic
- Anti-histamine

ALTO Protocol: Headache



Headache/Migraine

Immediate/
1 L 0.9% NS
Ketor
Metoclop
Dexame
Trigger point inj



Step 1: Headache Cocktail

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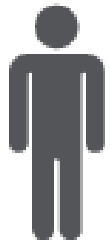
Option: Sphenopalatine Ganglion Block

ALTO Protocol: Headache



Headache/Migraine

Step 1: Headache Cocktail

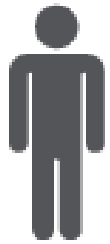
If < 50% Reduction in Pain…

Immediate/First-Line Therapy:
1 L 0.9% NS + high-flow oxygen
Ketorolac 15 mg IV
Metoclopramide 10 mg IV
Dexamethasone 8 mg IV
Trigger point injection with lidocaine 1%

Alternative Options:
APAP 1000 mg PO + ibuprofen 600 mg PO
Sumatriptan 6 mg SC
Promethazine 12.5 mg IV OR
prochlorperazine 10 mg IV
Haloperidol 5 mg IV
Magnesium 1 g IV
Valproic acid 500 mg IV
Propofol 10-20 mg IV bolus every 10 min

If Tension Component:
Cyclobenzaprine 5 mg OR diazepam 5 mg PO/IV
Lidoderm transdermal patch

ALTO Protocol: Headache



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Step 1: Headache Cocktail

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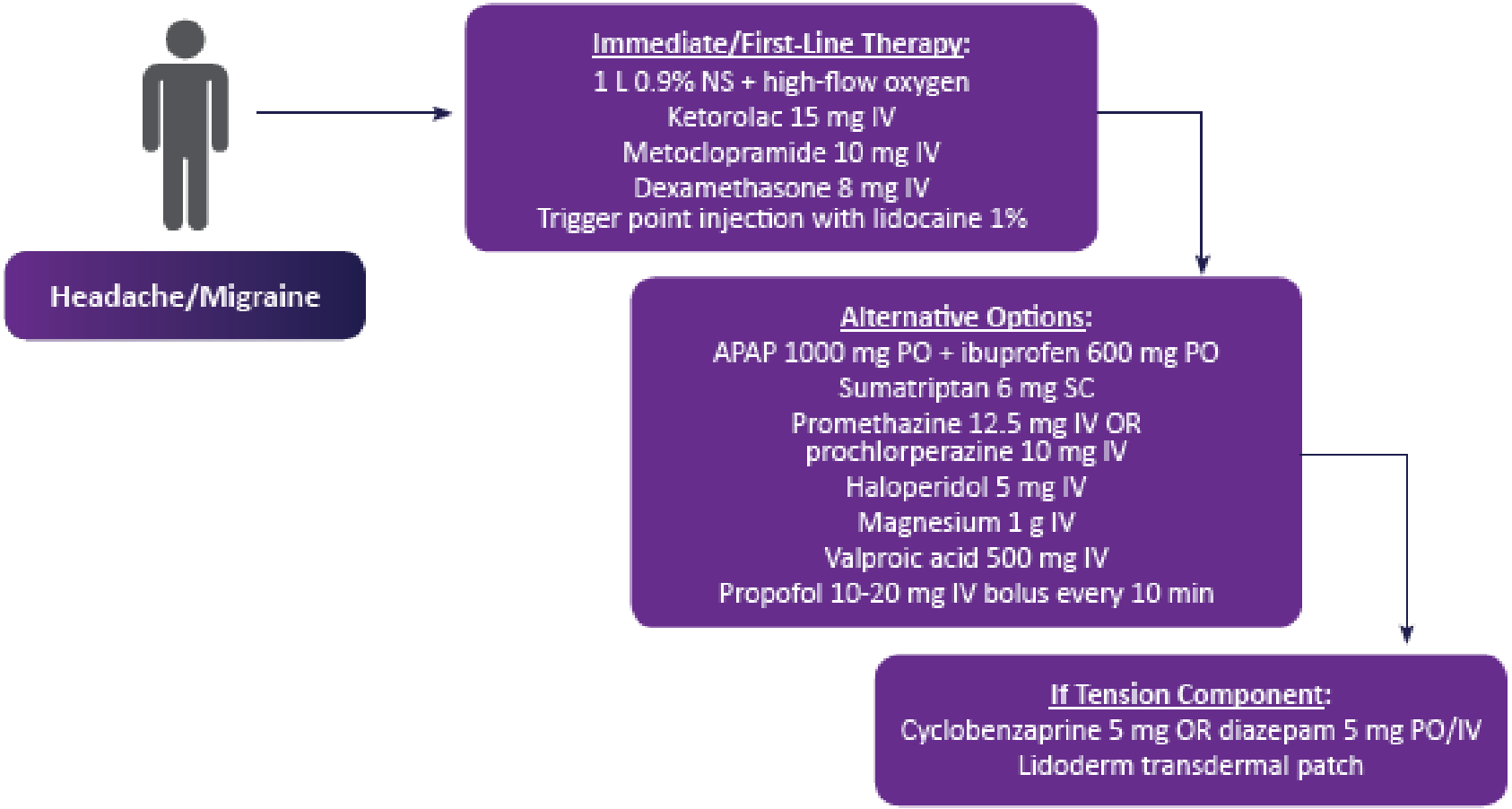
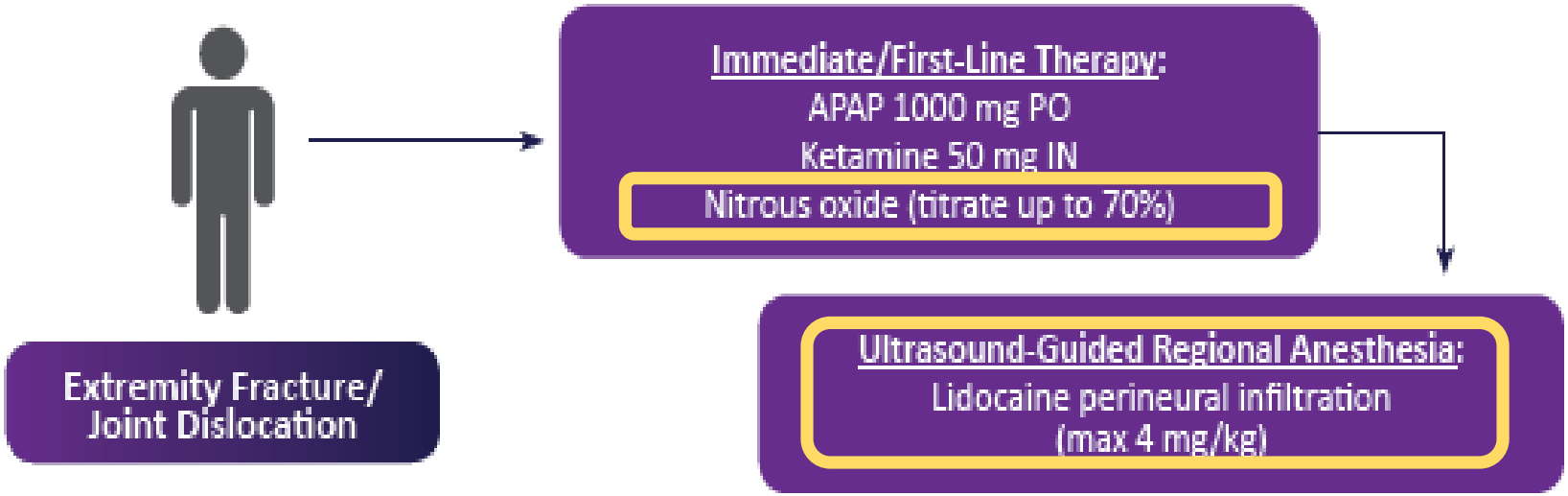
ALTO Protocol: Headache



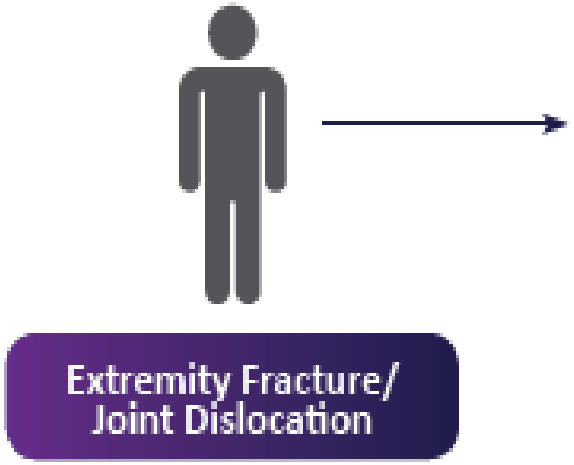
ALTO Protocol: Procedural Pain Control

- Large **abscess** drainage
- Fracture/joint dislocation/hernia **reduction**
- Obtaining peripheral or central **IV Access**
- **Foreign body** removal
- Complex **laceration repair**
- Fecal **disimpaction**

ALTO Protocol: Procedural Pain Control



ALTO Protocol: Procedural Pain Control



Extremity Fracture/
Joint Dislocation

Immediate/First-Line Therapy:
APAP 1000 mg PO
Ketamine 50 mg IN
Nitrous oxide (titrate up to 70%)

- No IV or monitor
- No NPO
- Out of system in 60s

Contraindications:

- Claustrophobia
- COPD/Asthma
- Active Otitis Media or Sinus disease
- Bowel obstruction patients
- 1st or 2nd Trimester Pregnancy
- Confused or Psychotic patients

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Know the Contraindications!

MEDICATION	ROUTE	DOSING	CAUTIONS
Lidocaine	Transdermal IV Trigger point	1 patch (max 3) 1.5 mg/kg 10 min 1% 2-3 mL	Cardiac hx
Ketamine	Intranasal IV	50 mg (100 mg/mL) 0.2 mg/kg (10 mg/mL)	PTSD IVP x 5 min
Dicyclomine (Bentyl)	IM PO	20 mg 20 mg	IM only Elderly
Haloperidol (Haldol)	IV	2.5-5 mg	Prolonged QT
Ketorolac (Toradol)	IV IM	15 mg 15-30 mg	Renal failure
Prochlorperazine (Compazine)	IV	5-10 mg	Pregnancy
Diphenhydramine (Benadryl)	IV	12.5-25 mg	Drowsy
Magnesium	IV	1 g over 1 hr	Hypotension
Dexamethasone (Decadron)	IV	8-10 mg	IVP slow
Sumatriptan (Imitrex)	SubQ	6 mg	Cardiac hx

Side Note: Don't forget non-medication treatments too!

- **Heat** / **Cold** / **Elevation**
- **Massage** / **Relaxation**
- **Laughter** / **Distraction**
- **Music** / **Meditation** / **Imagery**

Great Info @ *https://www.ahna.org/Home/Resources/Holistic-Pain-Tools*

Let's talk about…

- ALTO: what, why, & how
- **Patient Education & Expectation setting in pain management**
- Opioid prescribing guidelines
- Next steps for you!

ILLUSTRATION BY CHRISTOPHER DAVID RYAN

We are not going to get your pain to Zero today.

Goal is to move from **INTOLERABLE** pain to **TOLERABLE** pain.

It's my job to **keep you safe**. While opioids may make you feel better now, in the long run **they aren't safe or effective** at controlling pain.
I'm not willing to do something I know isn't safe for you.

The body needs **time to heal.**
You may have some pain for a **long time**… And *some pain is ok*.

Let's talk about…

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- **Opioid prescribing guidelines**
- Next steps for you!

SAFE PAIN MEDICINE PRESCRIBING

We care about you. Our goal is to treat your medical conditions, including pain, effectively, safely and in the right way.

Pain relief treatment can be complicated. Mistakes or abuse of pain medicine can cause serious health problems and death.

Our emergency department will only provide pain relief options that are safe and correct.

For your SAFETY, we routinely follow these rules when helping you with your pain.

1. We look for and treat emergencies. We use our best judgment when treating pain. These recommendations follow legal and ethical advice.
2. You should have only ONE provider and ONE pharmacy helping you with pain. We do not usually prescribe pain medication if you already receive pain medicine from another health care provider.
3. If pain prescriptions are needed for pain, we will only give you a limited amount.
4. We do not refill stolen prescriptions. We do not refill lost prescriptions. If your prescription is stolen, please contact the police.
5. We do not prescribe long acting pain medicines such as: OxyContin, MSContin, Fentanyl (Duragesic), Methadone, Opana ER, Exalgo, and others.
6. We do not provide missed doses of Subutex, Suboxone, or Methadone.
7. We do not usually give shots for flare-ups of chronic pain. Medicines taken by mouth may be offered instead.
8. Health care laws, including HIPAA, allow us to ask for all of your medical records. These laws allow us to share information with other health providers who are treating you.
9. We may ask you to show a photo ID when you receive a prescription for pain medicines.
10. We use the California Prescription Drug Monitoring Program called CURES. This statewide computer system tracks opioid pain medications and other controlled substance prescriptions.

If you need help with substance abuse or addiction, please call

1-800-662-HELP (4357)

for confidential referral and treatment.

CALIFORNIA ACEP
AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

CMA
California Medical Association

ALLIED FOR HEALTH

CALIFORNIA HOSPITAL ASSOCIATION

ENA
EMERGENCY NURSES ASSOCIATION
SAFE PRACTICE, SAFE CARE
California State Council

KAISER PERMANENTE

- All Rx opioids **One Provider / Pt**
- **No replacing lost/stolen Rx**
- **No long-acting or controlled-release opioids** (e.g. fentanyl patch, methadone)
- Use **opioid database/registry**
- **Acute on chronic pain** → minimal number pills as bridge to PCP
- **New Rx** → Max 3 days opioids + ***ALTO education!!!***

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- **Next steps for you!**

Next Steps for Your Site with ALTO:

- Identify **ALTO Champion Dyad** – Clinician + RN – who will lead education and quality efforts
- Work with pharmacy → ALTO meds **on formulary**
- Work with IT → user-friendly **Order Set** in EHR
- ***Educate*** re: **Opioid Prescribing Guidelines** & **ALTO**
- Quality Improvement / Track successes

Resources

- Info, Resources, Stats re: opioids https://www.hhs.gov/opioids/
- Tips/Tricks for different ALTO meds/techniques
- ACEP Opioid Toolkit
- Info about Lidocaine for Renal Colic
- ACEP info re: Sub-dissociative Ketamine
- ACEP Acute Pain Policy Statement
- Colorado ALTO Checklists
- Public Health Institute: www.phi.org
- ED Bridge: https://ed-bridge.org/
- Videos/Other helpful "how-to" articles: www.aliem.com
    - Ex: Trigger Point Injection: https://www.aliem.com/2018/06/trigger-point-injection-musculoskeletal-pain/

Full references available on request.

Thank you!

Questions? Contact either of us!

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