The ALTO℠ Program:
A Strategy to Reduce Opioid use in the Emergency Department
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Disclosures

I have no actual or potential conflict of interest in relation to this program/presentation.
Pharmacist Learning Objectives:

• Discuss strategies to reduce opioid prescribing in the Emergency Department
• Identify conditions in which alternatives to opiates may be effective

Technician Learning Objective:

• Identify medications that can be used as alternative to opioids
Alternatives to Opiates
ALTO<sup>SM</sup>
Clinical Expertise.
Compassionate Care.

Non-opioid first
Opioids 2<sup>nd</sup> line
Realistic pain management goals, manage expectations
Discuss addiction potential
CERTA

Channel, Enzyme, Receptor-Targeted Analgesia
Renal Colic

Intravenous Lidocaine

Ketorolac

Acetaminophen
Musculoskeletal Pain

- Trigger Point Injections
- Acetaminophen
- Ibuprofen
- Lidocaine Patch
- Gabapentin
- Cyclobenazeprine
Lumbar Radiculopathy (Opioid Tolerant)

Musculoskeletal Pain

+ Intravenous Ketamine (0.3 mg/kg, 0.1 mg/kg/hr)
Long Bone Fractures

- Nitrous Oxide
- Ketamine
- Ultrasound Guided Regional Anesthesia
Migraine

Cervical or Trapezius Trigger Point Injection

Metoclopramide

Acetaminophen

Ketorolac/Ibuprofen

Valproic Acid

Magnesium
Proportion of opioid and non-opioid used

- Opioids:
  - Pre-ALTO: 26.2%
  - Post-ALTO: 13.7%

- Non-opioids:
  - Pre-ALTO: 71.9%
  - Post-ALTO: 84.8%
patients who received opiates/non-opiates per diagnosis

**OPIOIDS**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Pre-ALTO</th>
<th>Post-ALTO</th>
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</thead>
<tbody>
<tr>
<td>Headache</td>
<td>10.4</td>
<td>3.8</td>
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<tr>
<td>Back pain</td>
<td>25.7</td>
<td>17.5</td>
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<tr>
<td>Renal Colic</td>
<td>69</td>
<td>52.9</td>
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**NON-OPIOIDS**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Pre-ALTO</th>
<th>Post-ALTO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
<td>87.7</td>
<td>94.3</td>
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<td>Back pain</td>
<td>72.5</td>
<td>81.8</td>
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<tr>
<td>Renal Colic</td>
<td>28.6</td>
<td>44.1</td>
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</table>
Pharmacist’s Role

Ensure safe and effective medication use

Education

Counseling

Support the Emergency Department
The ALTO℠ Program
A Strategy to Reduce Opioid use in the Emergency Department

Leading the way. Away from opioids.

Thanks, ALTO℠ team, for the nation’s first alternative-to-opioids pain management program.

Opioids are a powerful pain suppressant. But they are also powerfully addictive. So the Emergency Department at St. Joseph’s Regional Medical Center launched ALTO℠; the Alternatives to Opiates Program, with dramatic results. Opioid use by patients in the ED is now down nearly 40 percent. And pain relief through alternative therapies is up significantly. Today, the team’s alternative acute pain management program is a model for other health care systems nationwide. Congratulations, ALTO team. You’re reversing the cycle of opioid pain management and misuse for generations to come.
References