

A Strategy to Reduce Opioid use in the Emergency Department





# The ALTO<sup>™</sup> Program: A Strategy to Reduce Opioid use in the Emergency Department

#### Steven F. Nerenberg, Pharm.D.

Clinical Assistant Professor
Ernest Mario School of Pharmacy
Rutgers, The State University of New Jersey
Piscataway, NJ
Emergency Medicine Pharmacist
St. Joseph's Regional Medical Center
Paterson, NJ
Steven.Nerenberg@pharmacy.rutgers.edu







#### **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

# St Joseph's Regional Medical Center



Alternatives to Opiates
ALTO™
Clinical Expertise.

Compassionate Care.

Non-opioid first

Opioids 2<sup>nd</sup> line

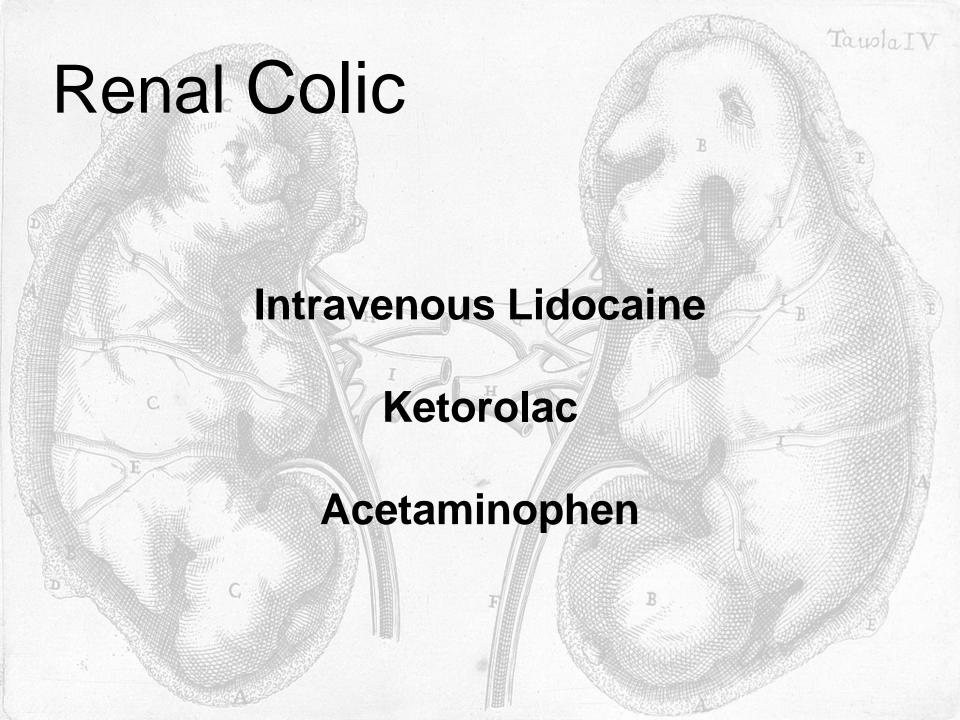
Realistic pain management goals, manage expectations

Discuss addiction potential



## CERTA

Channel, Enzyme, Receptor-Targeted Analgesia



## 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

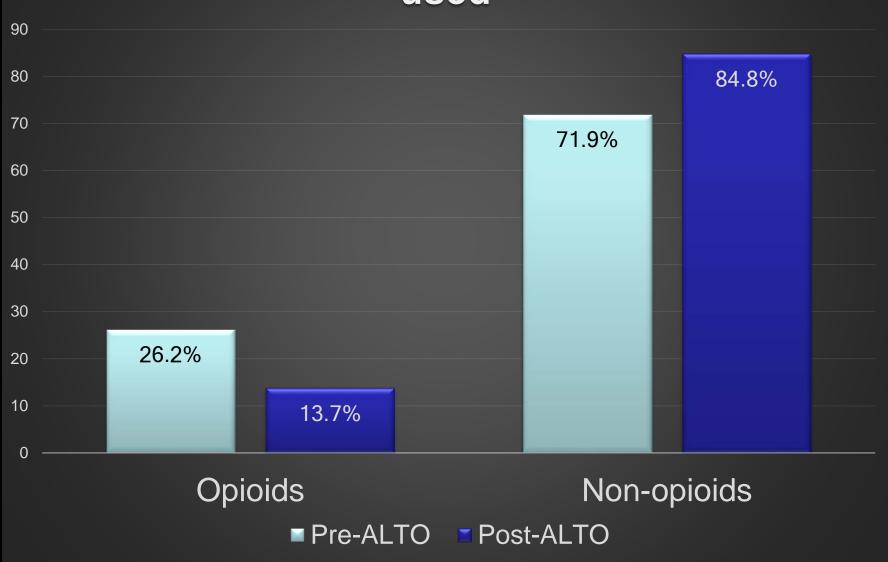
Acetaminophen

Ketorolac/Ibuprofen

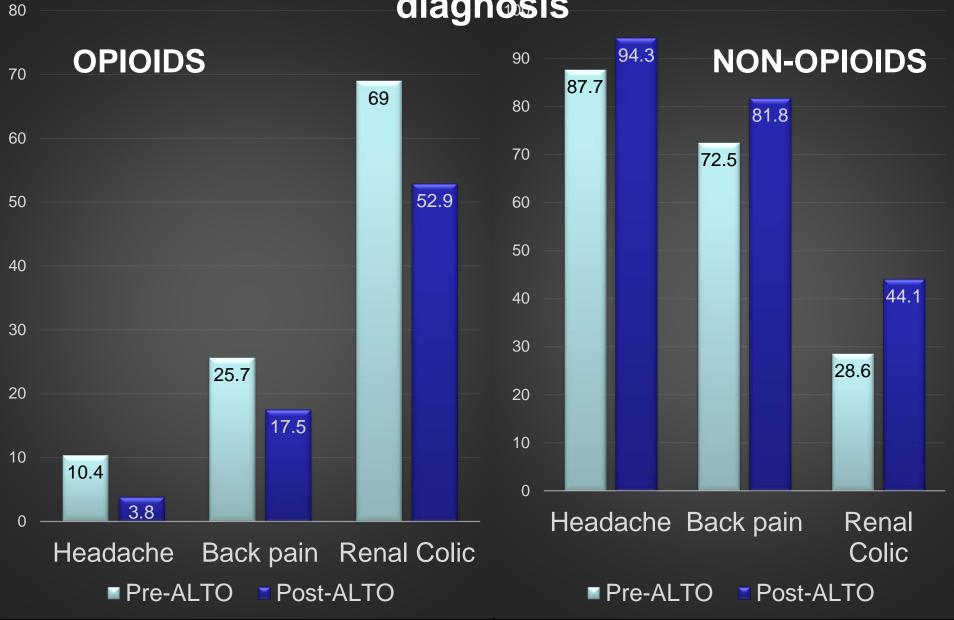
**Valproic Acid** 

Magnesium





# patients who received opiates/non-opiates per diagnosis



# Pharmacist's Role

Ensure safe and effective medication use

Education

Counseling

**Support the Emergency Department** 

# The **ALTO**<sup>SM</sup> Program Astrategy to Reduce Opioid use in the

**Emergency** 

**Department** 



#### 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.



New Jersey's Premier Catholic Healthcare System

StJosephsHealth.org 877.757.SJHS(7547)

703 Main St., Paterson, NJ 07503 • Sponsored by the Sisters of Charity of Saint Elizabeth





#### References

- Cohen V, Motov S, Rockoff B, et al. Development of an opioid reduction protocol in an emergency department. Am J Health Syst Pharm. 2015;72(23):2080-6.
- Colman I, Brown MD, Innes GD, Grafstein E, Roberts TE, Rowe BH. Parenteral metoclopramide for acute migraine: meta-analysis of randomized controlled trails. BMJ. 2004;329(7479):1369-73.
- Friedman BW, Garber L, Yoon A, et al. Randomized trial of IV valproate vs metoclopramide vs ketorolac for acute migraine. *Neurology*. 2014;82(11):976-83.
- Friedman BW, Greenwald P, Bania TC, et al. Randomized trial of IV dexamethasone for acute migraine in the emergency department. *Neurology*. 2007;69(22):2038-44.
- Mauskop A, Varughese J. Why all migraine patients should be treated with magnesium. J Neural Transm (Vienna). 2012;119(5):575-9.
- Mazaheri S, Poorolajal J, Hosseinzadeh A, Fazlian MM. Effect of intravenous sodium valproate vs dexamethasone on acute migraine headache: a double blind randomized clinical trial. *PLoS One*. 2015;10(3):e0120229.
- Motov S, Mai M, Pushkar I, et al. A Prospective Randomized, Double-Dummy Trial Comparing IV Push Low Dose Ketamine to Short Infusion of Low Dose Ketamine for Treatment Pain in the ED. Am J Emerg Med. 2017;35(8):1095-1100.
- Motov S, Rockoff B, Cohen V, et al. Intravenous subdissociative-dose ketamine versus morphine for analgesia in the Emergency Department: A Randomized Controlled Trial. *Ann Emerg Med*. 2015;66(3):222-229.
- Najjar M, Hall T, Estupinan B. Metoclopramide for acute migraine treatment in the emergency department: an effective alternative to opioids. *Curesus*. 2017;9(4):e1181.
- Sin B, Tatunchak T, Paryavi M, et al. Use of Ketamine for acute treatment of pain: A randomized, double-blind, placebo-controlled trial. J Emerg Med. 2017;52(5):601-608.
- Soleimanpour H, Hassanzadeh K, Vaezi H, Golzari SE, Esfanjani RM, Soleimanpour M. Effectiveness of intravenous lidocaine versus intravenous morphine for patients with renal colic in the emergency department. *BMC Urol.* 2012;12:13.