

Approved February 2018

Ensuring Emergency Department Patient Access to Appropriate Pain Treatment

Revised February 2018 with
current title

Originally approved October
2012 titled “Ensuring
Emergency Department Patient
Access to Adequate and
Appropriate Pain Treatment”
(CR17)

The American College of Emergency Physicians (ACEP):

- Supports ACEP Chapters having the autonomy to establish and coordinate evidence-based pain management guidelines that promote access to appropriate pain control within physician clinical judgment;
- Supports limiting the initial prescription of an opioid to no more than a 7-day supply, unless in the judgment of the treating physician a longer duration is indicated and rationale is documented;
- Supports widespread availability of opioid-related Continuing Medical Education (CME) but opposes state mandates for compulsory CME on pain or opioids;
- Supports effective, interoperable and voluntary state prescription drug monitoring programs (PDMPs) that push prescription data to emergency department providers, rather than requiring them to separately sign into and pull the data from the PDMP, and opposes legal mandates requiring access of the PDMP prior to prescribing or administering a controlled substance when the prescription does not exceed a 7-day supply; and,
- Supports exercising caution prior to prescribing an opioid for a patient who is prescribed a benzodiazepine and counseling the patient accordingly about the risks associated with concurrent use of opioids and benzodiazepines.