Drug-Signing Behavior in the Emergency Department: A Nursing Duty to Act

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Introduction/Background

The United States is currently experiencing an opioid epidemic that is fueled, in part, by the prescribing practices of healthcare providers. Nearly half of fatal opioid overdose deaths occurring in the U.S. involve a prescription opioid (The Centers for Disease Control and Prevention, 2017).

Emergency Departments are often targeted by drug-seekers. By accurately identifying patients with drug-seeking behavior (DSB) in the emergency department, healthcare providers can connect patients with substance abuse resources, and reduce the number of inappropriate opioid prescriptions.

In addition to patient implications, nurses are also negatively impacted by DSB. Frequent visits to the ED by drug-seekers contribute significantly to overcrowding (Pillow, et al., 2012). As a result of overcrowding, nursing resources are stretched thin, which affects both patient care and nursing job satisfaction. In fact, a systematic review of 25 years of research demonstrated that overcrowding is a common cause of burnout among ED nurses (Adriaenssens, De Gucht, & Veronique, 2015).

Purpose

To implement practice improvements that better identify drug-seekers and connect them with additional resources for care, reduce preventable overcrowding, decrease the number of inappropriate opioid prescriptions, and improve job satisfaction among nurses in the emergency department.

Evidence Based Practice Recommendations

Screen patients using an algorithm to identify DSB

- requests opioid medications by name
- multiple visits for same complaint
- symptoms disproportionate to complaint
- "Allergic" to Non-Narcotic Pain Medicines
- overlapping prescriptions for pain medications

Nurses will screen patients using the IDSB algorithm. Patients with a positive screening (a score of 3 or greater) will be flagged for MD review.

Inform patients and primary care physicians of positive screening result and care plan

According to a 2015 cohort observational study, care plans significantly reduced ED visits in patients with DSB. In this study, the patient and their PCPs were informed of the care plan initiation.

Use a multidisciplinary approach to address DSB

For optimal results, DSB should be addressed collaboratively, and interdisciplinary care plans initiated. The team should include care management, psychiatry, emergency medical services, social workers, and primary care providers, among others.

Clinical Initiative Implementation

Nurses and physicians will be educated on effective use of the “Identifying Drug Seeking Behavior” or “IDSB” algorithm, as well as the rationale behind it’s creation. Multidisciplinary care teams will be established for biweekly meetings to initiate individualized care plans.

<table>
<thead>
<tr>
<th>Predictive Behavior</th>
<th>Point Value</th>
<th>Patient Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requests Opioids by Name</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Multiple Visits for Same Complaint</td>
<td>2</td>
<td></td>
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<tr>
<td>Symptoms Disproportionate to Exam</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>“Allergic” to Non-Narcotic Pain Medicines</td>
<td>1</td>
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</table>

1.) Nurses will screen patients using the IDSB algorithm. Patients with a positive screening (a score of 3 or greater) will be flagged for MD review.

2.) The MD will utilize the Prescription Monitoring Program (PMP) to check for frequent or overlapping narcotic prescriptions.

3.) If positive PMP screening, patient will be placed on a follow-up list for evaluation by the multidisciplinary care team. Patient will be informed of their positive PMP screening by MD, PCP will be notified by team if applicable.

4.) If MD shares concern that patient is currently drug-seeking, they will use predetermined guidelines (established by MD consensus) with the goal of minimizing or eliminating opioid prescriptions at time of discharge.

5.) After discharge, a designated member of the care team will contact patient to offer referral to appropriate resources such as chronic pain management clinics, substance abuse or mental health counselors, or primary care physicians. A needs assessment will be performed.

Implications for Practice

To implement practice improvements that better identify drug-seekers and connect them with additional resources for care, reduce preventable overcrowding, decrease the number of inappropriate opioid prescriptions, and improve job satisfaction among nurses in the emergency department.

To evaluate the efficacy of this practice change, a dashboard will be utilized to track individual case data regarding resource utilization and prevalence of repeat visits after care plan initiation. Additionally, the total number of short-term repeat visits among all ER patients will be tracked to see if a downward trend is observed among low acuity pain-related complaints.

References


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