

MADISON MEMORIAL HOSPITAL	Version #: 1
Title: Screening for Opioids to Prevent Physiological Damage or Death	

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Approver(s): Kathleen Barnhill and Kevin McEwan	Effective Date:
Department(s): Emergency Department	Next Review Date:

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Purpose/Summary:

The purpose is to reduce opioid related injury or death through the use of urine screening. Immunoassay specimen cups will be used for urinalysis, along with verbal screening tools, to assess for current use of opioids. If opioids are detected through testing care plans will be adjusted according to the provider's order. The charge nurse will ensure that screening occurs with each patient experiencing pain by reviewing the electronic health record.

Definitions:

- **Acute Pain** - Temporary pain resulting from a specific mechanical, chemical, and/or thermal stimulation (Tighe et al., 2015).
- **Chronic Pain** - Persistent pain for more than six months (de Souza et al., 2017).
- **Opioid Use Disorder (OUD)** - Disorder characterized by dependence on opioids (Fraser & Plescia, 2019).
- **Screening** - Detecting the presence of natural and synthetic opioids in the urine (Macmadu et. al, 2020).
- **Urine Drug Monitoring (UDM)** - Method used to identify presence of medications in urine (Raouf et al., 2018).

Goals and Objectives:

1. All nurses in the emergency department will demonstrate their understanding of the screening process through annual training (see more in "quality assurance and sustainability").
2. All patients presenting to the emergency department with chronic or acute pain will be screened upon check-in.
3. Proper documentation of urine screening and results in the EHR will be done for each patient who is screened in order to prevent medication or treatment error.

The goals and objectives of this process interrelate to the hospitals goals and objectives as follows:

Quality: Using reliable screening tools (immunoassay tests) with patients experiencing pain to quickly and accurately identify present opioid use. Test results come back the same day, even within 15 minutes.

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Providing the Exceptional Experience: By discovering opioid use in patients, proper interventions can be implemented to improve patient care and outcomes. Interventions will be adjusted immediately after the results come back.

Ensuring Our Future: Reducing opioid-related injuries and deaths by decreasing the number of opioid prescriptions given for acute or chronic pain, within 1 month.

Equipment and Suitable Environment Needed:

- Immunoassay urine specimen cups (“Urine Drug Testing,” 2021).
- Gloves (“Urine Drug Testing,” 2021).

Procedure:

Overview	Details
Step 1	Upon admission, review comprehensive medication history, including time of last dose, to prevent possible drug interactions and false positives. This will be done on patients that are experiencing acute and chronic pain. (Raouf et al., 2018).
Step 2	Obtain informed consent regarding routine drug testing for personal and public safety (Raouf et al., 2018).
Step 3	Perform immunoassay drug test for faster and more convenient testing or other urine drug test according to facility policy (Raouf et al., 2018).
Step 4	Assess results and inform both the patient and healthcare provider. If evidence of substance misuse is found, further testing or care should be provided as indicated by provider discretion. Further testing through chromatography can be used for more definitive results. (Raouf et al., 2018).
Step 5	Determine plan of care and administration of medications only when verification through a urine drug test has been completed (Raouf et al., 2018).
Step 6 Monitoring and Measuring	On a weekly basis, the charge nurse will evaluate if urine drug screening was performed and the health care provider was notified of results before opioids were prescribed or given.

Internal References:

- Consent documents
- Patient history/opioid use survey
- Immunoassay urine specimen cups
- Patient urinalysis instructions
- Provider orders for opioids
- EHR charting of obtaining urine samples for screening
- EHR charting of administering opioids

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- Hand washing/aseptic technique protocols

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Requirements:

“2015: House Bill No. 4 Requires prescribers to register with the state prescription drug monitoring program” (“Opioids”, 2015).

“Prior to issuing to a patient a prescription for outpatient use for an opioid analgesic or benzodiazepine listed in schedule II, III, or IV, the prescriber or the prescriber’s delegate shall review the patient’s prescription drug history for the preceding twelve (12) months from the prescription drug monitoring program and evaluate the data for indicators of prescription drug diversion or misuse” (“Idaho Statutes,” 2020).

Quality Assurance and Sustainability:

All new and current employees will complete yearly training on evidence-based practice guidelines and policies for performing and analyzing immunoassay urine sampling to screen for existing drug use. Training will include in-person group sessions and online assessment tools to determine competency. Demonstration will be performed by a qualified professional or hospital educator. All participants will perform an immunoassay urine test and be provided with feedback. Employees will also be educated about proper documentation and charting of results.

At the end of each shift, the charge nurse will evaluate if each patient who was prescribed or administered a pain medication (opioids or any other medications that could cause adverse reactions) was also screened.

Quarterly evaluation of all relevant EHRs will be performed by a Chief Nursing Officer or other qualified administrative personnel to identify problems with the policy or procedure and updates will be made if necessary.

Disclaimer:

Procedures are resources to assist staff in carrying out specific actions. Procedures do not specify all circumstances to which they apply. Procedures cannot, in themselves, guarantee safety. Safety is promoted by people being skilled at judging when and how (and when not) to adapt procedures to local circumstances. Clinical situations may warrant adaptation due to unique patient characteristics. Extenuating circumstances may also necessitate adaptation.