

Welcome

Pain Management in our Emergency/Acute Care Facility

Our staff understands that pain relief is important when someone is hurt or needs emergency care. However, providing ongoing pain relief is often complex. We recommend this be done through your primary health care provider such as your family doctor or pain management specialist. Because mistakes or misuse of pain medication can cause serious health problems and even death, it is important that you provide accurate information about all medications you are taking. Our emergency/acute care facility will only provide pain relief options that are safe and appropriate. For your safety, we follow these guidelines when managing chronic pain:

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1. We are trained to look for and treat an emergency or urgent condition. We use our best judgment when treating pain, and follow all legal and ethical guidelines.
2. We typically do not prescribe narcotic pain medicine for chronic pain if you have already received narcotic pain medication from another health care provider or acute care facility.
3. We may contact your primary care provider to discuss your care. Typically, we will not prescribe narcotic pain medicine if we cannot talk directly with your primary care provider. If you do not have a primary care provider, we will provide you with a list of those providers in our area.
4. We may provide only enough pain medication to last until you can contact your primary care provider. We will prescribe pain medication with a lower risk of addiction and overdose whenever possible.
5. We will ask you to show a valid photo ID (like a driver's license) when you check into the emergency/acute care facility or before receiving a prescription for narcotic pain medication. If you do not have a photo ID, we may take your picture for the medical record.
6. We may ask you to give a urine sample before prescribing narcotic pain medication.
7. Health care laws, including HIPAA, allow us to request your medical record and share information with other health care providers who are treating you.
8. Before prescribing a narcotic or other controlled substance, we check the Wisconsin Prescription Drug Monitoring Program (PDMP) that tracks your narcotic and other controlled substance prescriptions.
9. For your safety, we do not:
 - a. Routinely give narcotic pain medication injections (shots or IV) for flare-ups of chronic pain;
 - b. Refill stolen or lost prescriptions for narcotics or controlled substances;
 - c. Provide missing Subutex, Suboxone, or Methadone doses; or,
 - d. Prescribe long-acting or controlled-release pain medications such as OxyContin, MS Contin, Duragesics, Methadone, Exalgo, and Opana ER.
10. Frequent users of the emergency/acute care facility may have care plans developed to assist in improving their care. The plans may include avoiding medicines likely to be abused or addictive.
11. If you need help with substance abuse or addiction, please call this toll-free number for confidential referral to treatment: 1-800-662-HELP. Alternatively, you can visit the Wisconsin DHS Treatment Directory (<https://www.dhs.wisconsin.gov/opioids/find-treatment.htm>) for more information.

Ten Things That Every Patient With Pain Should Know

- 1. Be Part Of Your Care**

It is hard to know what another person's pain feels like. You need to speak up and be able to describe your pain. You can bring family or friends to advocate for you.
- 2. Tell Your Doctor If...**

You have any risk factors such as, using opioids (like morphine or codeine) daily or regularly, if you have a history of snoring or sleep apnea, pre-existing medical conditions, smoking or use of sedating drugs like Valium or Benadryl. Ask if you have any additional risk factors.
- 3. Ask Your Doctor**

Why you are experiencing pain, how long you should expect the pain to last, how your pain will be treated, if there are alternative treatments or if you should change your dose to match your pain level.
- 4. Make A Pain Management Plan**

It is important that you work with your physician to make a personal pain management and treatment plan. Your care team will work with you to balance pain control with as few side effects as possible. It is important to know that you may receive non-opioid medication to treat pain and your breathing may also be monitored.
- 5. Let Your Primary Doctor Know Of Any Side Effects**

It is likely your doctor will prescribe a combination of medicines to control your pain. Unfortunately, opioids have unpleasant side effects including nausea, vomiting, itching, dizziness, loss of balance, falls, severe constipation, confusion or difficulty waking up and staying awake. Overdoses can occur from requesting pain medication when you are too sleepy or applying a pain patch after forgetting that one has already been applied.
- 6. Track Your Pain**

Report any side effects you may feel. It is important to write down the different types of pain you are experiencing and when you feel that pain. Pain while at rest and pain during movement can often feel different. Your care team will ask you about your pain: it is important to share what you have tracked.
- 7. Speak Up**

If your pain is above a tolerable level and isn't getting better with medication. Also, if you feel a new type of pain or side effect from pain medication you are taking, tell your nurse or doctor.
- 8. Be Aware**

Of signs of an overdose or being overly medicated which may include skin that is clammy or pale, low heart rate and blood pressure, small pupils, limpness, slow breathing, less urine output, slurred speech, confusion and extreme sleepiness. Seek help immediately if you notice any of the above symptoms.
- 9. Consult A Pain Specialist**

If you have risk factors or a history of problems with managing pain or if your pain is not consistently controlled. Ask if a pain specialist or anesthesiologist can be part of your care team.
- 10. Talk With Your Pharmacist**

When going home with opioids, you should know the dose, how often and when it is taken and how long you will take it. If you miss a dose, do not take a double dose. Ask your pharmacist about using opioids safely at home.

How To Develop A Pain Management Plan

Once you leave the hospital, please keep track of the pain medication you are taking.

It is important that you understand all the pain medications you are taking. Use the chart below to help keep track of your pain medications.

| What is this medicine called? MEDICATION NAME | How much do I take? DOSE | How often do I take it? FREQUENCY | What is the medication for INDICATION | Is it taken with food or water? TAKE WITH |
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Next, talk to your primary care doctor about developing a pain goal or a targeted goal you wish your pain level to be, both at rest and with movement. Work with your primary care doctor to develop a pain management plan that will work to achieve your pain goal and write it here:

Be Informed: Common Medications, Active Ingredients, and Side Effects

Here is a list of common medications used to treat pain. These may not be available at all hospitals. If you are given any of these, watch for any of the possible side effects, and make a note to tell your medical care team if you do.

| Medications with Few Side Effects (for Mild to Moderate Pain) | | | |
|--|-------------------------------------|---|---|
| Name | Active Ingredient | Side Effects | Route |
| Tylenol | Acetaminophen | None | Pills, liquid or IV |
| Motrin | Ibuprofen | Some stomach discomfort | Pills, liquid or IV |
| Aleve | Naproxen | Some stomach discomfort | Pills |
| Medications with Some Side Effects (for Mild, Moderate or Severe Pain) | | | |
| Toradol | Ketorolac | Mild bleeding risk | Pills or IV |
| Neurontin | Gabapentin | Sedation | Pills |
| Lyrica | Pregabalin | Sedation | Pills |
| Local Anesthetics | Lidocaine, bupivacaine, ropivacaine | Numbness | Injection or patch |
| Steroids | Dexamethasone, hydrocortisone | Can increase glucose levels in diabetics | Pills or IV |
| Aspirin | Acetylsalicylic acid | Some stomach discomfort, easy bruising or bleeding | Pills |
| Medications with Few Side Effects (for Severe Pain) | | | |
| Morphine | Morphine | Constipation, dizziness, sleepiness, nervousness, nauseous, habit forming | Pills, liquid, IV or IV patient control |
| Dilaudid | Hydromorphone | Constipation, dizziness, sleepiness, nervousness, nauseous, habit forming | Pills, liquid, IV or IV patient control |
| Fentanyl | Fentanyl | Constipation, dizziness, sleepiness, nervousness, nauseous, habit forming | IV or patch |
| Vicodin/Lortab/Norco | Hydrocodone/acetaminophen | Constipation, dizziness, sleepiness, nervousness, nauseous, habit forming | Pills |
| Percocet | Oxycodone/acetaminophen | Constipation, dizziness, sleepiness, nervousness, nauseous, habit forming | Pills |

If You Are Prescribed Opiates for Pain

- Never take opioids in greater amounts or more often than prescribed.
- Follow up with your primary health care provider within 2-3 days (phone or in person).
 - Work together to create a plan on how to manage your pain.
 - Talk about ways to help manage your pain that don't involve prescription opioids.
 - Talk about any and all concerns and side effects.
- Help prevent misuse and abuse.
 - Never sell or share prescription opioids.
 - Never use another person's prescription opioids
- Store prescription opioids in a secure place and out of reach of others (this may include visitors, children, friends, and family).
- Safely dispose of unused prescription opioids: Find your community drug take-back program or your pharmacy mail-back program, or flush them down the toilet.
- Visit <http://www.cdc.gov/drugoverdose> to learn about the risks of opioid abuse and overdose.
- If you believe you may be struggling with addiction, tell your health care provider and ask for guidance or call SAMHSA's National Helpline at 1-800-662-HELP.