Ready, Set...







NANCY POOK MD FACEP

- Medical Director, KETTERING HEALTH NETWORK Network Operations Command Center Network Emergency Services
- Co-chair, GDAHA Research and Community Paramedicine Committee
- Associate Clinical Faculty, WSU School of Medicine
- Member, COAT Prescribing Committee
- Member, OHIO ACEP NIX OPIATES EDUCATION TEAM
- Board Member, Ohio Hospital Association Opiate Response Initiative
- Board Member and Vice-President, Emergency Medicine Specialists, Inc.

Objectives



- A conversation about
 - PAIN
 - SUBSTANCE USE DISORDER
 - SAFE PRESCRIBING
 - And a tool for compassionate and professional patient care

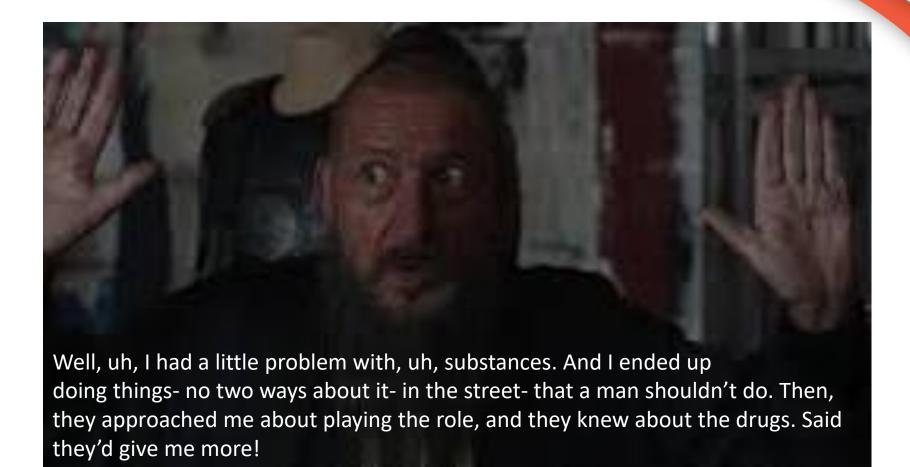
From "The Overdose Capital of America"

NBC news June 17, 2017



It's complicated.







It's complicated: Susan and Bobby







Bobby's phone









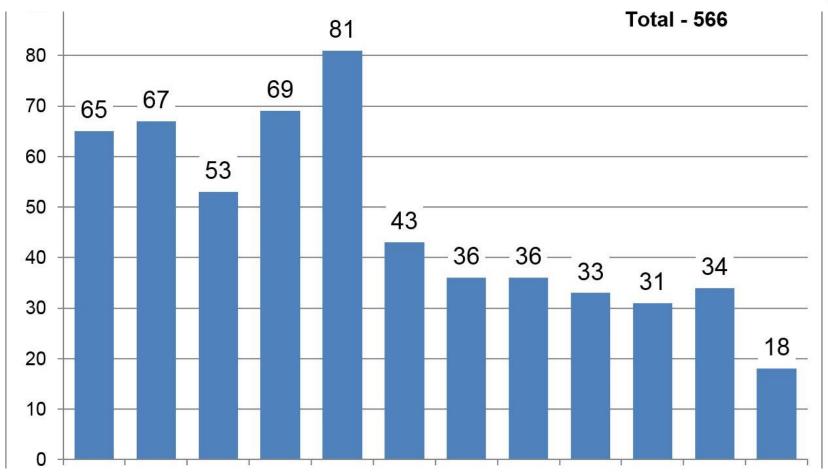






Dayton and Montgomery County Public Health Department Data 2017

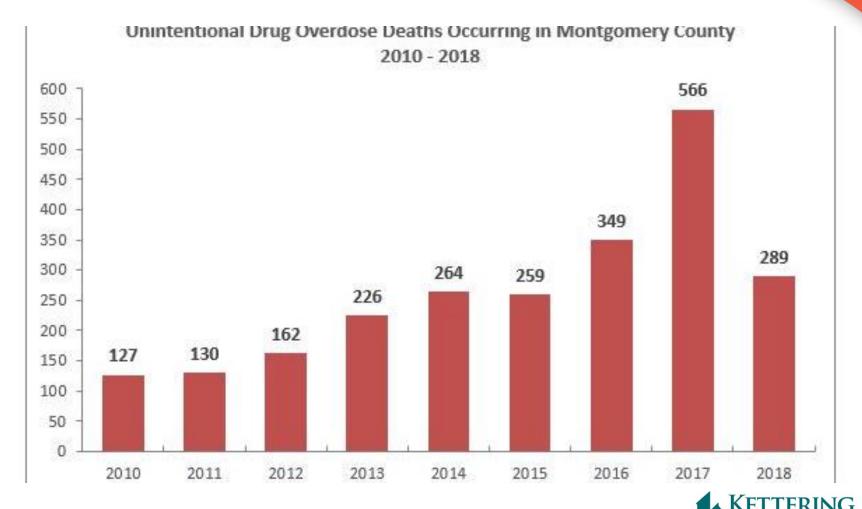




http://www.phdmc.org/coat/158-accidental-overdose-death-totals



Unintentional Drug Overdose Deaths in Montgomery County 2010-2018



WSU-OVERDOSE DATA-April 2017



N=100 accidental overdose deaths

91% white

65% male

99 tested positive for fentanyl

56% tested positive for acryl fentanyl and furanyl fentanyl

3 carfentanyl positives

Only 3 heroin positives

Daniulaityte et. al. CITAR Boonshoft School of Medicine, Wright State University







Mike Peters, Pulitzer Prize winning editorial cartoonist, Dayton Daily News

THE PATHWAY TO FENTANYL



Individual abuses Opiate Prescription pills for the first time recreationally

Escalating Doses Required in an attempt at the same response as the body becomes accustomed to the



Supply becomes difficult secondary to cost, Introduced to and user looks to Heroin because it different avenues is a cheaper high



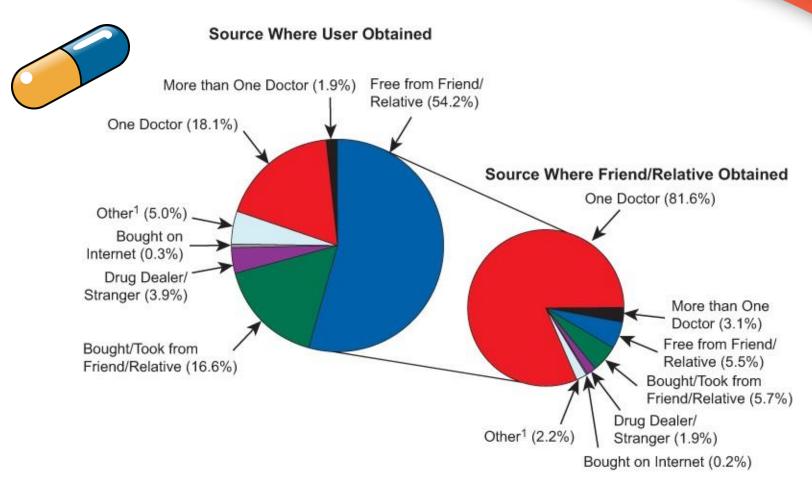


Most people
start by
moking/snorti
ng heroin,
vowing to never
inject and
inevitably
become
intravenous
users



THE PATHWAY TO FENTANYL







DOPAMINE PATHWAYS





Frontal Cortex executive function personality

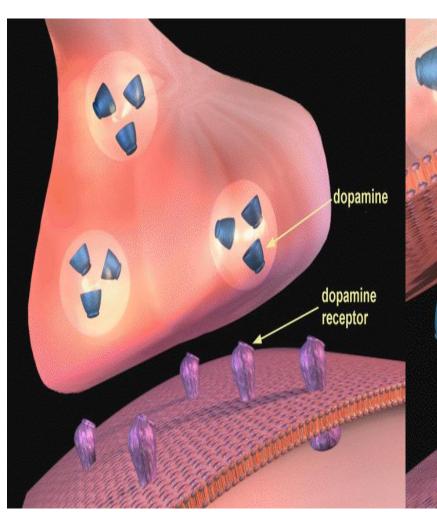
"Runner's High"

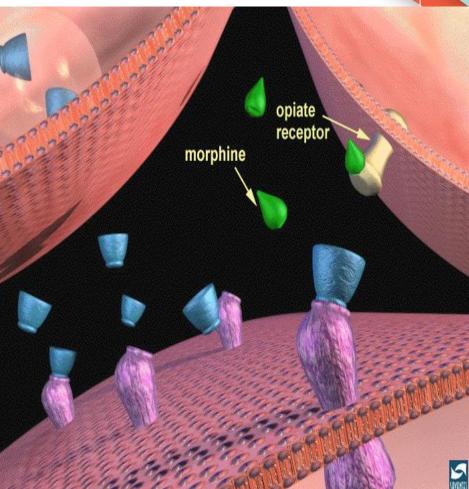
Addiction hijacks the brain



DOPAMINE PATHWAYS









Addiction HIJACKS the brain Pollise Not all pain is the same





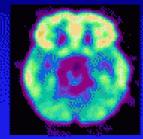




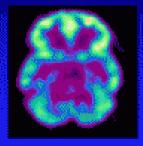
Addiction is Like Other Diseases...

- It is preventable
- > It is treatable
- It changes biology
- If untreated, it can last a lifetime

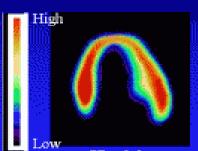
Decreased Brain Metabolism in Drug Abuser Decreased Heart Metabolism in Heart Disease Patient



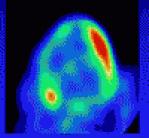
Healthy Brain



Diseased Brain/ Cocaine Abuser



Healthy Heart



Diseased Heart

Research supported by NIDA addresses all of these components of addiction.





- Good people
- Good families
- Good communities
- Good schools





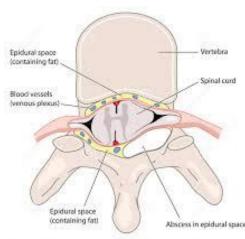




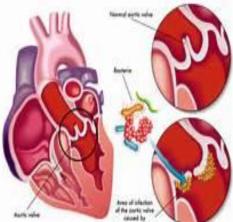




Acute fulminant infection
Organ failure
Hepatitis
HIV













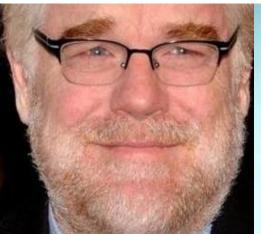
- US cost est. \$55.7 billion in 2007 Pain Medicine 2011; 12:657-667
- 10 years later, \$700 billion annually Addiction Policy Forum 2017
- US Healthcare attributed to Rx pain killers \$25B coc
- Ohio \$1.076 billion in 2007 Matrix Global Advisors 2015
- Every life is priceless

Phillip Seymour Hoffman age 46

Prínce age 57

Heath Ledger age 28











Weiner, et. al.



- Non-fatal OD treated in ED
- Massachusetts
- 17,421 patients
- 5.5% died within one year











THE BEAT ON THE STREET POLUSE Not all pain is the same







HEROIN/FENTANYL







Carfentanil







Carfentanil



To put this in perspective, wild African elephants—an animal that Carfentanil is used on —weigh between 5,000 and 14,000 lbs as reported by National Geographic, which is roughly 26 to 72 times the weight of your average adult male of 195.5 lbs.



COUNTERFEIT PILLS







FENTANYL IN MARIJUANA? Politis Control of the Same Political Polit







KRATOM







FLAKKA







METHAMPHETAMINE







COCAINE







DARK WEB MAIL ORDER DRUGS?



Shop by Category

Drugs 8,104

Cannabis 2,063

Dissociatives 193

Ecstasy 681

Opioids 594

Other 435

Precursors 39

Prescription 1,666

Psychedelics 974

Stimulants 1,039

Apparel 265

Art 118

Books 869

Collectibles 2

Computer equipment 40

Custom Orders 85

Digital goods 548

Drug paraphernalia 291

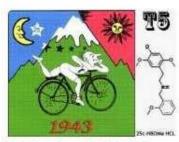
Electronics 79

Erotica 515

Fireworks 2

Food 8

Forgeries 75



1,000 x 25c-NBOMe HCL blotters (800ug) \$9.73



5g white russian

B1.69



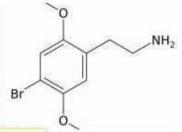
Cocaine Kokain

-- HIGH GRADE - 0.5

₿2.04







5g Good quality Sg Good quality "Ali baba's Hash" from Chaouen | emerald 200mg

Hash" from Chaouen

\$1.28

Kush B6.09

₿1.71





















BUILDING a safe prescribing PRACTICE





Case #1



- 60 yo male
- PMH: HTN hyperlipidemia
- on Cozaar and Lipitor
- 12 hour history of abdominal pain, now RLQ
- T 100F BP 170/90
- Formulate a treatment plan



UNDERSTANDING PAIN







. Health Network.

YPERALGESIA

ALLODYNIA

UNDERSTANDING PAIN



Nociceptive vs Neuropathic Pain

Nociceptive Pain

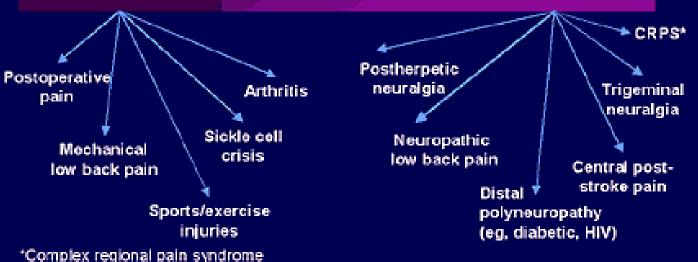
Caused by activity in neural pathways in response to potentially tissue-damaging stimuli

Mixed Type

Caused by a combination of both primary injury and secondary effects

Neuropathic Pain

Initiated or caused by primary lesion or dysfunction in the nervous system



100% functionality

















<10% functionality





Forget the PAIN SCALE!!!



• (We're not there yet).





What does research say? Poluse Not all pain is the same





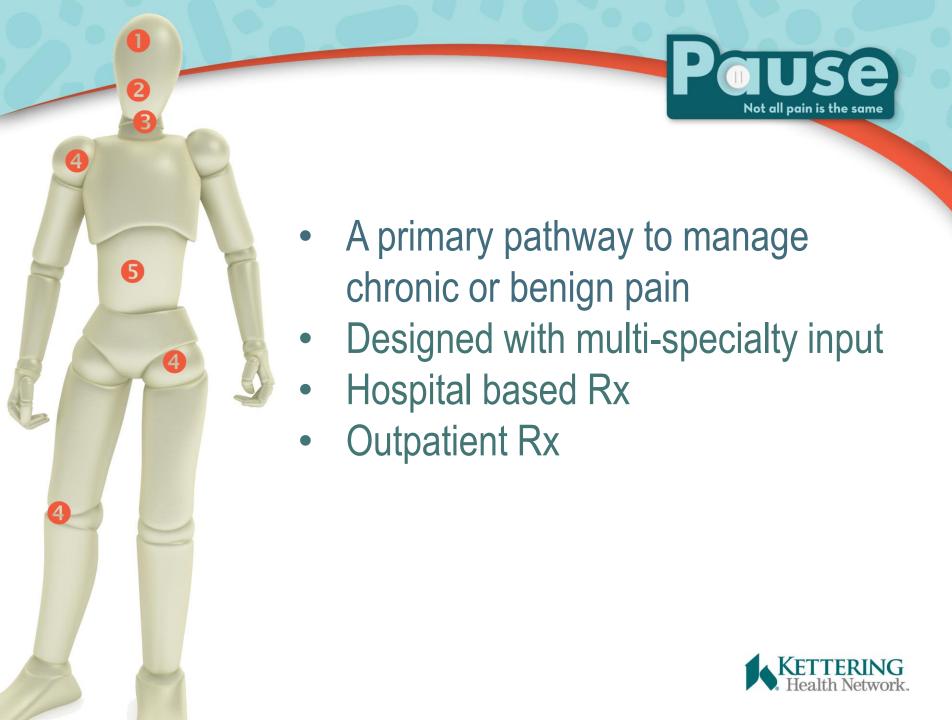


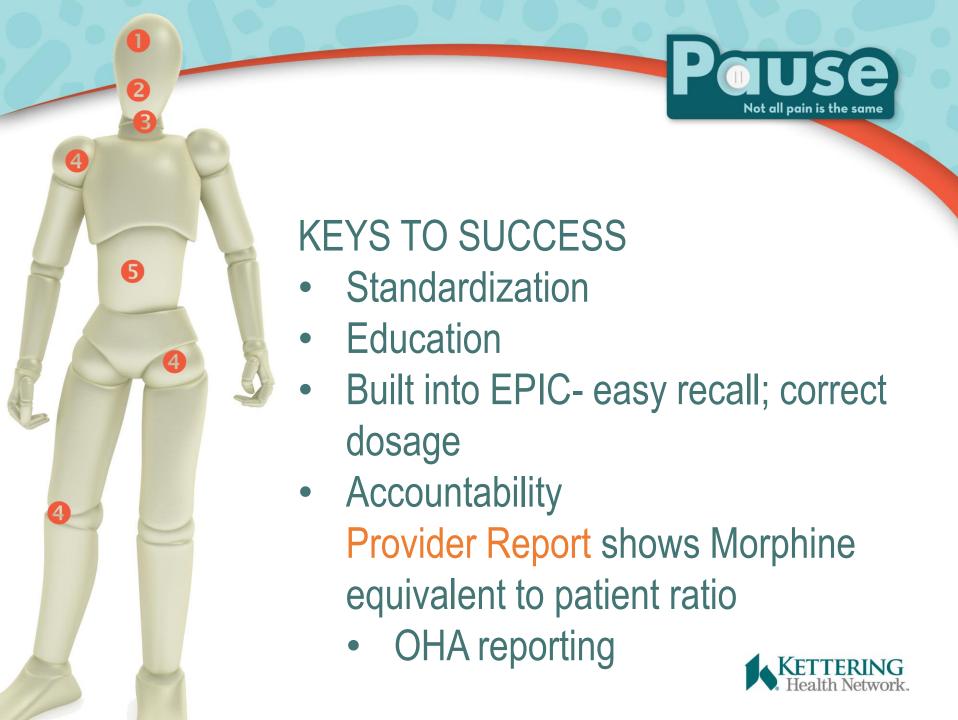
Ready, set...



- CDC Rx recommendation: 3-7 day limit for acute pain
- Ohio Rx recommendation: 7 day limit for acute pain, unless documented
- OARRS prescription drug monitoring program check with all addictive Rx
- Warning against concomitantly prescribing opiates and benzodiazepines







STANDARDIZATION

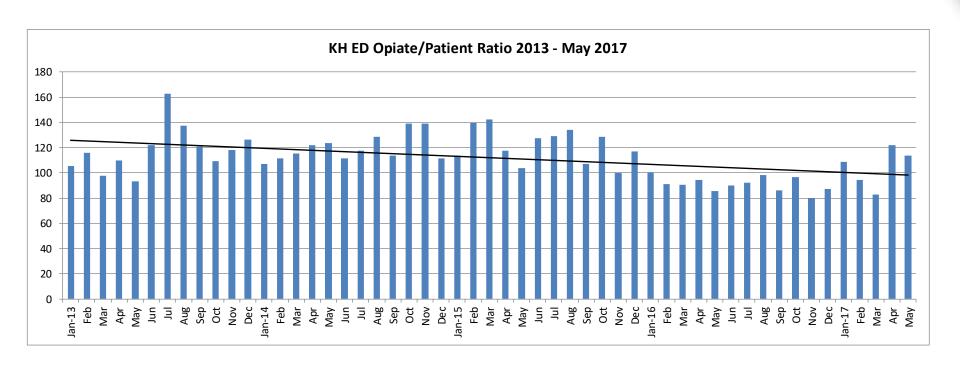


Chronic Benign Headache	Chronic Dental Pain	Chronic Abdominal Pain
ketorolac (TORADOL) 30 mg IV	ibuprofen (ADVIL,MOTRIN) 800 mg PO	dicyclomine (BENTYL) 20 mg II
metoclopramide (REGLAN) 10 mg IV	ketorolac (TORADOL)30 mg IM	hyoscyamine (LEVSIN) 125 mcg
prochlorperazine (COMPAZINE) 10 mg IV	chlorhexidine (PERIDEX) 0.12% mouth rinse	ketorolac (TORADOL) 30 mg IV
promethazine (PHENERGAN) 25 mg IVPB	benzocaine (HURRICAINE ONE) 20 % topical spray	methocarbamol (ROBAXIN) in 0 mg IVPB polyethylene glycol (MIRALAX)
diphenhydrAMINE (BENADRYL) 50 mg IV	penicillin v potassium (VEETID) 500 mg PO	
0.9 % sodium chloride Bolus 1 liter	Clindamycin (CLEOCIN) 300 mg PO	
dextrose 5 % and 0.9 % sodium chloride bolus	bupivacaine PF (MARCAINE MPF) 0.5 % (5 mg/mL) 5 mL	lidocaine (XYLOCAINE) 1.5 mg/k
sumatriptan (IMITREX) 6 mg SQ	Injection	
valproate (DEPACON) 500 mg in 0.9 % sodium chloride 500 mg IVPB	Chronic Joint Pain	
methylPREDNISolone sodium succinate (PF) (SOLU-MEDROL) 125 mg IV	ibuprofen (ADVIL,MOTRIN) 800 mg PO	
	ketorolac (TORADOL) 30 mg IM	
lidocaine 10 mg/ml (1 %) 5 ml Injection	orphenadrine (NORFLEX) 60 mg IM	
bupivacaine PF (MARCAINE MPF) 0.5 % (5 mg/mL) 5 ml Injection	orphenadrine (NORFLEX) 100 mg PO	
	☐ lidocaine (LIDODERM) 5% 1 Patch	
Chronic Neck or Back Pain	Apply Splint/Cast/Sling/Other Orthotics	
ketorolac (TORADOL) 30 mg IM		
orphenadrine (NORFLEX) 60 mg IM		
ibuprofen (ADVIL,MOTRIN) 800 mg PO		



SUCCESS: KETTERING ED







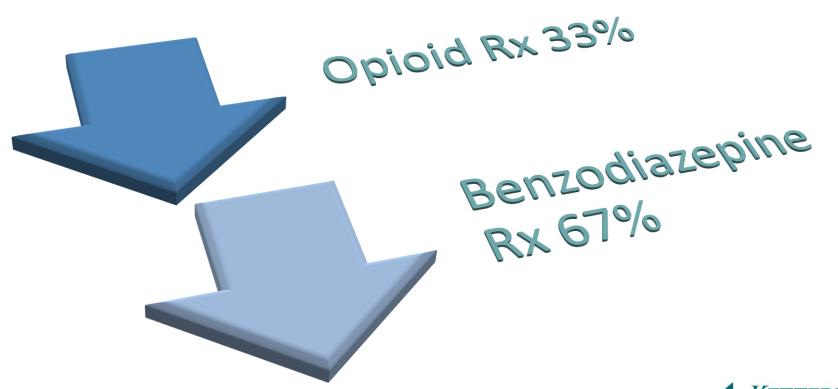
SUCCESS: KETTERING HEALTH NETWORK



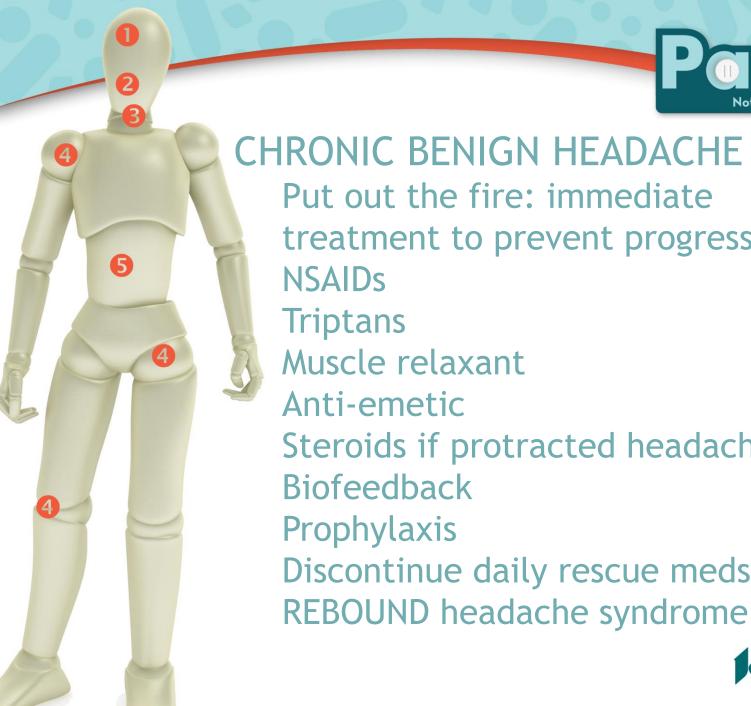


Rx Standardization









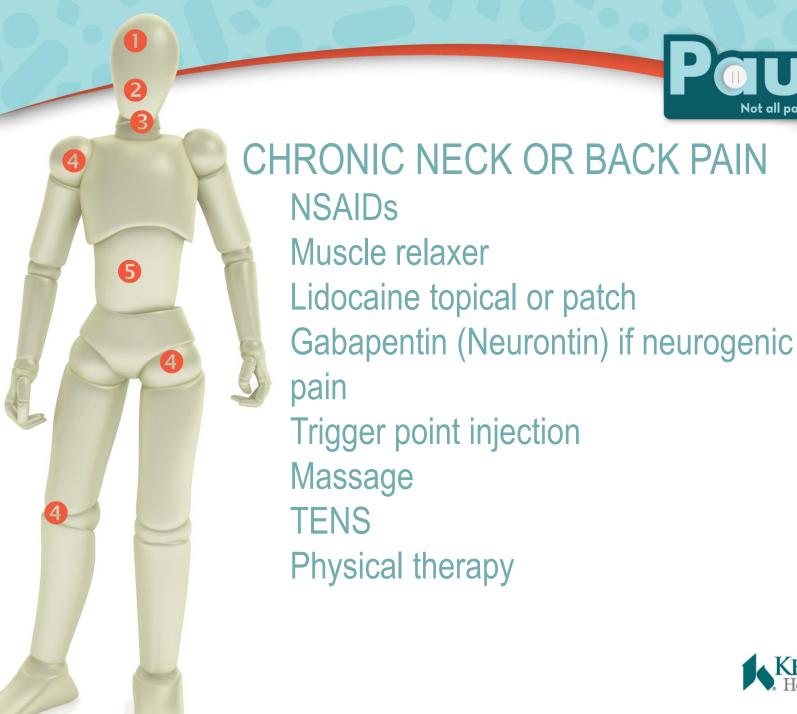


treatment to prevent progression

Steroids if protracted headache

Discontinue daily rescue meds in







use

Not all pain is the same





Clorhexidine (Peridex) mouth wash







CHRONIC JOINT PAIN

NSAIDs

Muscle relaxer

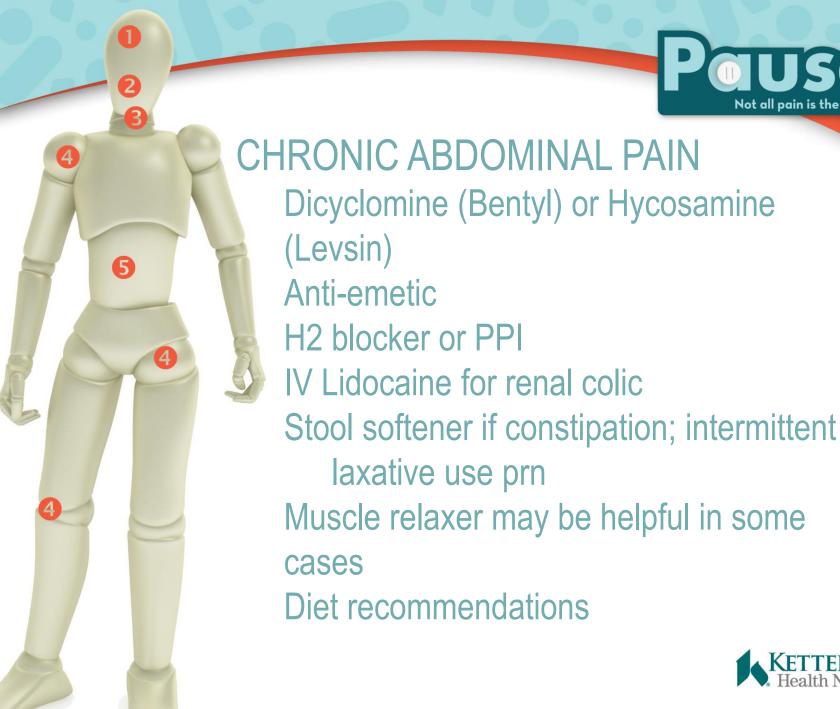
Lidocaine topical or patch

Compression sleeve or splint prn

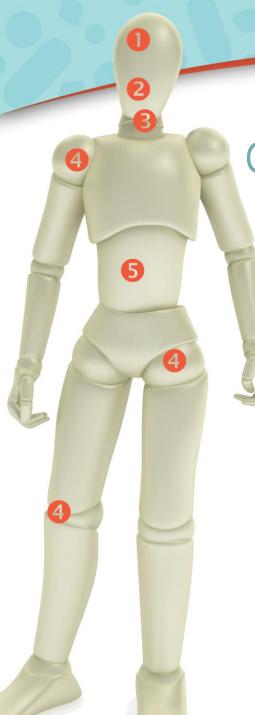
Physical therapy

Weight reduction prn









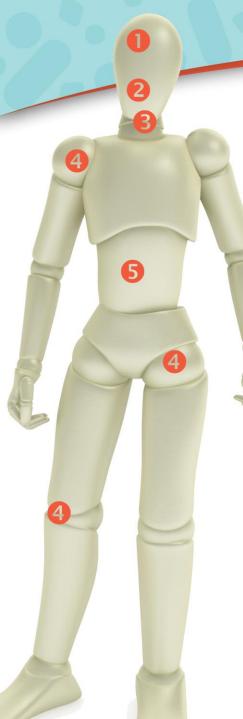


Specialty referral prn

Age, comorbidities, and risk/benefit ratio should be considered with any prescription order

Consider acetaminophen with any pain syndrome, unless contraindicated







Lifestyle counseling: weight reduction, stress reduction, biomechanics, cognitive behavioral therapy, biofeedback, smoking cessation

 Therapies: massage, occupational, physical, manipulation

Dietary recommendations







Gastroparesis reminder: all opiates are contraindicated in the setting of gastroparesis as they slow GI transit; educate patient as needed Cannabinoid hyperemesis syndrome should be considered in cases of recurrent vomiting and abdominal cramping and is best treated primarily by discontinuation of cannabinoid products







Opioid induced hyperalgesiamay be triggered by rapidly escalating doses or chronic opioid use - treatment is wean Unresolved behavioral health conditions often accompany somatic complaints



Case #2



- 45 year old female
- Rolled her ankle, fell down a couple of stairs last night
- Pain is 10/10
- Ankle is swollen; cannot bear weight today
- What do you do?
- Next steps?



Normal x-ray







Avulsion fracture







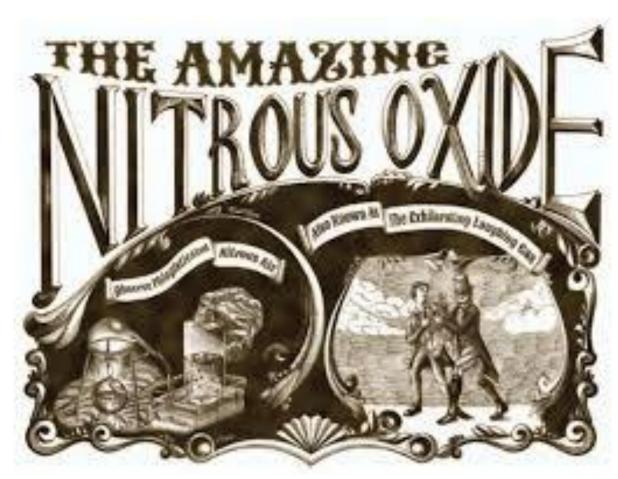
Trimalleolar fracture













OB







Pediatrics







Nitrous oxide

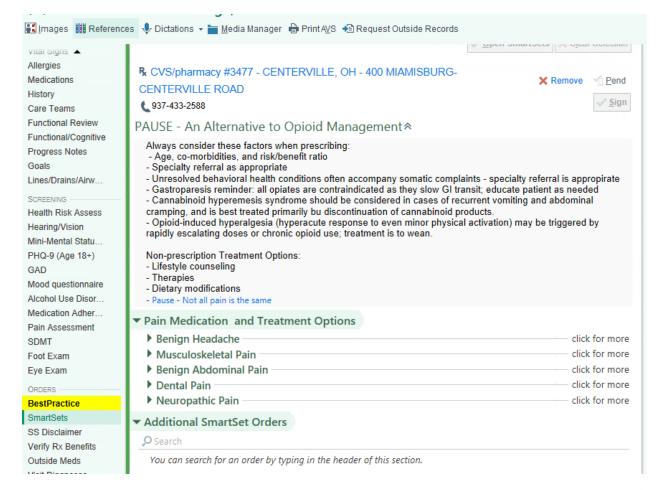






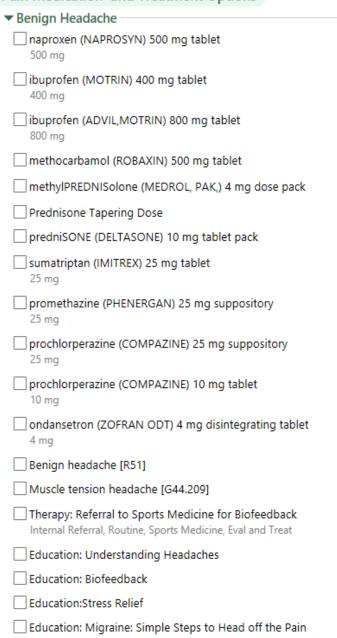








▼ Pain Medication and Treatment Options







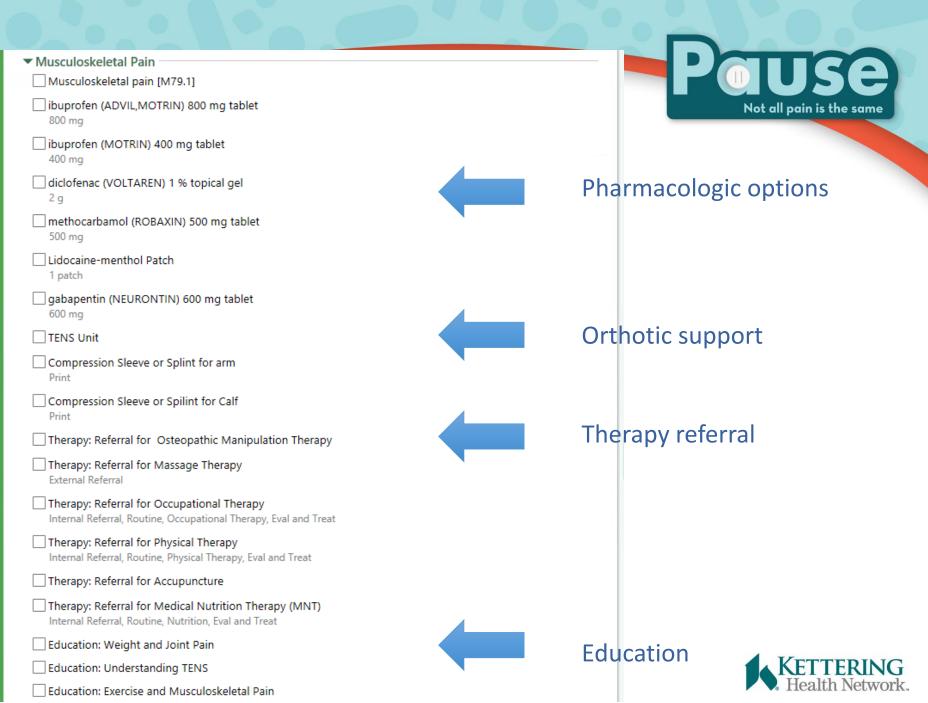
Pharmacologic options



Therapy referral

Diet/education





Case #3

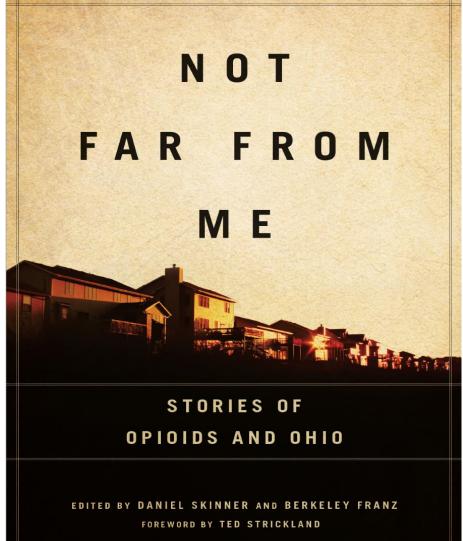


- 32 year old male
- B9 medical history
- Doubled over in pain, holding his right flank, diaphoretic, just vomited
- What do you do?



What's new?





KETTERING
Health Network.

Amazon or order via https://oniostatepress.org/books/titles/9780814255384.html

What's next?







