

## **Appendix 1 (as supplied by the authors): Saskatoon Health Region Restricted Medication Prescribing Guidelines**

### **Emergency Department Controlled Substances Prescribing Guideline**

Applies to Schedule I-IV Substances of the Controlled Drugs and Substances Act (S.C. 1996, c. 19)

(Opioids, Benzodiazepines, Barbiturates, Marijuana, Stimulants)

#### **1) Population**

- a. Patients on long-term therapy (> 6 months) who present to the ED requesting a refill for any reason (including theft, lost prescription, ran out of medications, etc).

#### **2) Single provider**

- a. The patient needs a single prescriber (e.g. family physician).
- b. The ED is not an appropriate/safe place for patients to receive their prescriptions for controlled substances.
- c. If the patient does not have a family physician, unfortunately they are not suitable candidates for long-term therapy with these medications.

#### **3) PIP review**

- a. A detailed review of the patient's PIP will be performed looking for red flags for misuse/abuse/diversion. These include the following:
  - i. Multiple prescribers
  - ii. Filling prescriptions at multiple pharmacies
  - iii. Frequent early refills
  - iv. Escalating dosage

#### **4) Urine Drug Screen (optional)**

- a. A urine drug screen can be performed in the ED to help the family physician with further decision making in the outpatient setting but should not delay disposition or the decision to prescribe in the ED.

#### **5) Contact family Physician & Pharmacist**

- a. The ED physician should attempt to contact the family physician & dispensing pharmacy.
- b. A copy of the ED report will be sent to the family physician.

#### **6) Amount Prescribed**

- a. If the ED physician feels it is appropriate to prescribe to the patient, the amount should be limited until the next business day.
- b. This is regardless of whether the patient reports their family physician is on vacation or unable to see them for 2 weeks.

#### **7) Dose prescribed**

- a. An amount that the ED physician is comfortable with in the context of the patient's illness.
- b. This may be significantly lower than what the patient is currently receiving.

**8) One-Time Prescription**

- a. This is a one-time prescription regardless of whether the medications have been lost, stolen, or the patient has run out.
- b. This will apply across all EDs in the health region.

**9) Education regarding appropriate use of opioids and restricted medications**

- a. The patient needs a single prescriber for these medications.
- b. The patient is a partner in their healthcare plan.:
  - i. They need to ensure that their meds are not lost/stolen and they do not run out.
  - ii. They are responsible for coordinating with their family physician to ensure that they have enough medications to cover vacations or travel.

**10) Documentation in the Electronic Medical Record (Sunrise Clinical Manager)**

- a. This will allow other ED physicians to provide a consistent approach.