



Opioid and Sedative Prescribing Guidelines for Providers

1. A dedicated primary care provider (outside of the emergency department or urgent care) who can follow a patient's treatment and response should provide all opioids and sedatives to treat any patient's chronic pain.
2. Administering intravenous or intramuscular opioids or sedatives in the emergency department or urgent care for the relief of acute exacerbation of chronic pain is generally discouraged*.
3. Prescriptions for opioids for acute pain from the emergency department or urgent care should be written for the shortest duration appropriate. In cases of diagnostic uncertainty, this generally should be for no more than 3 days, as is consistent with national guidelines.
4. Patients may be screened for substance use disorder. Those protocols may include services for brief intervention and referrals to treatment programs for patients who are at risk for developing, or actively have, substance use disorders.
5. When patients present with acute exacerbations of chronic pain, a summary of the care, including any medications prescribed, should be communicated to the primary opioid prescriber or primary care provider.
6. Emergency department and urgent care providers will not dispense prescriptions for controlled substances that were lost, destroyed, stolen, or finished prematurely.

* This document was designed to aid the qualified health care team in making clinical decisions about patient care and is not be construed as dictating an exclusive course of treatment. Variations in practice may be warranted based on individual patient characteristics and unique clinical circumstances.

7. Emergency department and urgent care providers, or other designees, should consult the New York State prescription monitoring program (iSTOP) before writing opioid prescriptions for acutely painful conditions.

8. Emergency department and urgent care providers will not prescribe or provide doses of Oxycontin or fentanyl patches*.