

# Prescription Drug Abuse: What Emergency Department Nurses Can Do



*Each year, more than 22,000 people die of pharmaceutical overdoses. This fact sheet suggests actions emergency department (ED) nurses can take to fulfill their important role in reducing the risk of drug misuse and overdose.*



Ideally, these actions should follow policies outlined in a prescription management plan for the ED. Nurses can lobby for such a plan and are important partners in its development.

Operation OpioidSafe in North Carolina, for example, won region-wide approval for restrictive prescription guidelines that greatly reduced overdose deaths.

ED policies to consider (some that nursing staff can implement on their own) include the following:

## ■ *Patient Education and Care Coordination*

- Place a case manager in the ED to monitor controlled substance prescriptions.
- Educate patients and their families about pharmaceutical risks and about proper storage and disposal, especially if they receive prescriptions for controlled substances.



## ■ *Prescribing Practice*

- Always consider screening patients for drug misuse before prescribing opioids for pain (and referring those who screen positive for further evaluation and treatment, if indicated; see our fact sheet “Screening for Prescription Drug Use Problems”).
- Encourage or require a Prescription Monitoring Program consultation when prescribing a controlled substance.
- Refuse to replace controlled substances reported as lost, stolen, or destroyed.
- Avoid prescribing controlled-release opioids.
- Issue opioid scripts with a 3-day expiration date.
- Limit the pill count for controlled medications prescribed or dispensed to 10 pills.
- State on prescriptions for controlled substances that the patient must provide government-issued picture identification to the pharmacy before the prescription can be filled.

## ■ *Policies on Referral in Lieu of Prescription*

- Make appropriate referrals rather than prescribing controlled substances for acute treatable conditions.
- Avoid prescribing controlled substances for chronic pain that is more appropriately addressed by a patient’s primary care provider.
- Connect patients with a primary care provider if they lack one and are frequently seen in the ED with pain complaints.



Many of these suggestions came from the following:

Valdez, A. (2014). Rx for injury: Adolescent prescription drug misuse. *Journal of Emergency Nursing*, 40(5), 497–499.  
doi:10.1016/j.jen.2014.05.011

Washington State Medical Association. (2012). *Washington Emergency Department opioid prescribing guidelines*. Seattle, WA: Author. <http://washingtonacep.org/Postings/edopioidabuseguidelinesfinal.pdf>

## ■ Improving Prescription Security

- Order secure prescription pads with special watermarks and use separate pads without the physician's Drug Enforcement Administration controlled substance prescriber number preprinted on it.
- Assure prescription pad storage containers are locked and inventoried.
- Make sure doctors have gel pens available for writing prescriptions, as it is much harder to forge changes to gel pen than ink.
- See our companion fact sheet "Keeping Prescription Pads Secure and Reducing Tampering" for details and additional suggestions.



The Substance Abuse and Mental Health Services Administration supports the Preventing Prescription Abuse in the Workplace Technical Assistance Center. For more information, contact [PAW-TA@PIRE.org](mailto:PAW-TA@PIRE.org). To join the PAW Listserv, visit <http://paw.dsgonline.com>, or simply scan the QR Code to the right.

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