

Management of Cancer Pain in the ED

Evaluation of Emergency Department Management of Opioid-Tolerant Cancer Patients with Acute Pain

Pina M. Patel MD, Lauren F. Goodman MD, MSc, Sheri A. Knepel MD, Charles C. Miller MD, Asma Azimi MD, Gary Phillips MAS, Jillian L. Gustin MD, Amber Hartman PharmD
Division of Palliative Medicine, The Ohio State University Wexner Medical Center (PP, LG, SK, CM, AA, JG, AH)
Division of Pulmonary, Allergy, Critical Care, and Sleep Medicine, The Ohio State University Wexner Medical Center (LG)
The Ohio State University Center for Biostatistics (GP)
Department of Pharmacy, The Ohio State University Wexner Medical Center (AH)

ABSTRACT:

CONTEXT: There are no previously published studies examining opioid doses administered to opioid-tolerant cancer patients during Emergency Department (ED) encounters.

OBJECTIVE: To determine if opioid-tolerant cancer patients presenting with acute pain exacerbations receive adequate initial doses of PRN opioids during ED encounters based on home Oral Morphine Equivalents (OME) use.

METHODS: We performed a retrospective cohort study of opioid-tolerant cancer patients who received opioids in our ED over a 2-year period. The percentage of patients that received an adequate initial dose of PRN opioid (defined as $\geq 10\%$ of total 24-hour ambulatory OME) was evaluated. Logistic regression was used to establish the relationship between 24-hour ambulatory OME and initial ED OME to assess whether higher home usage was associated with higher likelihood of being undertreated.

RESULTS: Out of 216 patients, 61.1% of patients received an adequate initial PRN dose of opioids in the ED. Of patients taking < 200 OME per day at home, 77.4% received an adequate initial dose; however, only 3.2% of patients taking > 400 OME per day at home received an adequate dose. Patients with ambulatory 24-hour OME greater than 400 had 99% lower odds of receiving an adequate initial dose of PRN opioid in the ED compared to patients with ambulatory 24-hour OME less than 100 (OR < 0.01 , CI 0.00-0.02, $p < 0.001$).

CONCLUSIONS: Patients with daily home use less than 200 OME generally received adequate initial PRN opioid doses during their ED visit. However, patients with higher home opioid usage were at increased likelihood of being undertreated.

KEY WORDS: Cancer pain, palliative, emergency, pain crisis, opioid-tolerance

INTRODUCTION:

Pain accounts for 52-78% of total emergency department (ED) encounters.¹⁻³ Among patients with cancer, uncontrolled pain contributes to 10-41% of all ED visits; this population is at an increased risk of ED utilization due to disease-related symptoms and treatment complications.⁴⁻⁷ Uncontrolled pain requiring opioid use is common in patients with cancer- an estimated 17.3-43.6% of patients with malignancies are prescribed chronic

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