



EMERGENCY DEPARTMENT BEST PRACTICES



Integrate K-TRACS with your EMR to **save time** and gain quick and easy access to patient prescription history.

WHEN TO CONSULT K-TRACS

- For all patients presenting with **potential overdose symptoms**.
- For all **patients reporting controlled substance use** to identify potentially harmful drug interactions in treatment plans.
- For all patients who you suspect of **non-medical use** or “doctor shopping” behavior.
- Before **discharging a patient** with a controlled substance prescription.

HOW TO USE K-TRACS DATA

- Coordinate** care with primary care providers and other prescribers involved in the patient’s care to ensure patient safety.
- Identify** and refer patients to treatment who might otherwise go untreated for a substance use disorder.
- Determine** or eliminate additional screening and/or testing needs based on prescription history.
- Engage** patients in meaningful education around the safe use of prescription drugs and the risks of substance use disorders.
- Recognize** “doctor shopping” behavior by identifying patterns of ED and/or multiple prescriber usage.

Prevent prescription fraud by always using **electronic prescriptions** for controlled substances.

**KSA 65-16,128 requires electronic prescribing for opioids with some exceptions.*



APPROPRIATE USE GUIDELINES

DO

Discuss K-TRACS reports with patients to educate them about how you use K-TRACS in your clinical decision-making.

DON'T place a copy of the report in the patient's medical record. *(Patients can request a copy directly from K-TRACS.)*

DON'T share the report with other healthcare providers or law enforcement to avoid the information being released or used inappropriately.

DO

Only use K-TRACS for the medical and pharmaceutical care of a patient.

DON'T search anyone who is not a patient under your care, including prospective employees, family members or yourself.

DO

Use all available clinical tools within K-TRACS as sources of data to assist in your clinical decision-making.

DON'T exclude or terminate a patient from your practice solely on the basis of the patient's K-TRACS record. Use multiple sources of data to create the best outcomes for the patient.

DON'T use K-TRACS risk indicator scores solely to make a decision about a patient.

SAMPLE POLICY

Emergency Department PDMP Usage

This emergency department recognizes the need to protect patient safety, promote community health, and prevent prescription drug misuse, abuse and diversion, and as such, uses the state's prescription drug monitoring program, K-TRACS.

All prescribers in this department will register for a K-TRACS account in order to use the state of Kansas' prescription drug monitoring program online and/or via integrated system. Prescribers may appoint licensed nurses or other licensed medical support staff to act on their behalf as delegates to obtain patient prescription history from K-TRACS. Prescribers who appoint delegates are responsible for the delegate's appropriate use of the information obtained.

This hospital has adopted K-TRACS best practices for prescribers in emergency room settings, and prescribers and/or their delegates are responsible for consulting the PDMP in the following scenarios:

- For all patients presenting in the ED with potential overdose symptoms.
- For all patients reporting controlled substance use to identify potentially harmful drug interactions in treatment plans.
- For all patients who you suspect of non-medical use or "doctor shopping" behavior.
- Before discharging a patient with a controlled substance prescription.

Prescribers should take the lead in coordinating patient care if the patient's K-TRACS record includes overlapping or duplicative prescriptions, high levels of daily MME for opioid use (≥ 90 MME), overlapping opioid and benzodiazepine prescriptions, and/or other dangerous drug combinations.

In order to coordinate care, prescribers should review patient medication usage with other prescribers and pharmacists to determine patient risk and prioritize patient safety. Prescribers will also facilitate risk assessments of patients and provide necessary referral to treatment, as well as facilitate patient education on safe and appropriate medication use, safe medication disposal practices for unused medications, naloxone usage, and other relevant prescription drug matters.

Patient presents in emergency department

PRESCRIBER TASKS

Use Emergency Department Best Practices

Prescriber checks



Identify primary care provider and other prescribers for follow-up care

Identify any concerning activity such as high MME levels or overlapping prescriptions

Assess patient for risk of substance use disorders

If yes, send prescription electronically to pharmacy

Consider and discuss non-pharmaceutical treatment alternatives

Decide whether a 48-hour or less supply of a prescription is appropriate

If no, direct patient to primary care for follow-up

Discuss treatment plan and expectations with patient

Discuss safe and appropriate use of controlled substances

