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THE ALTOSM PROGRAM

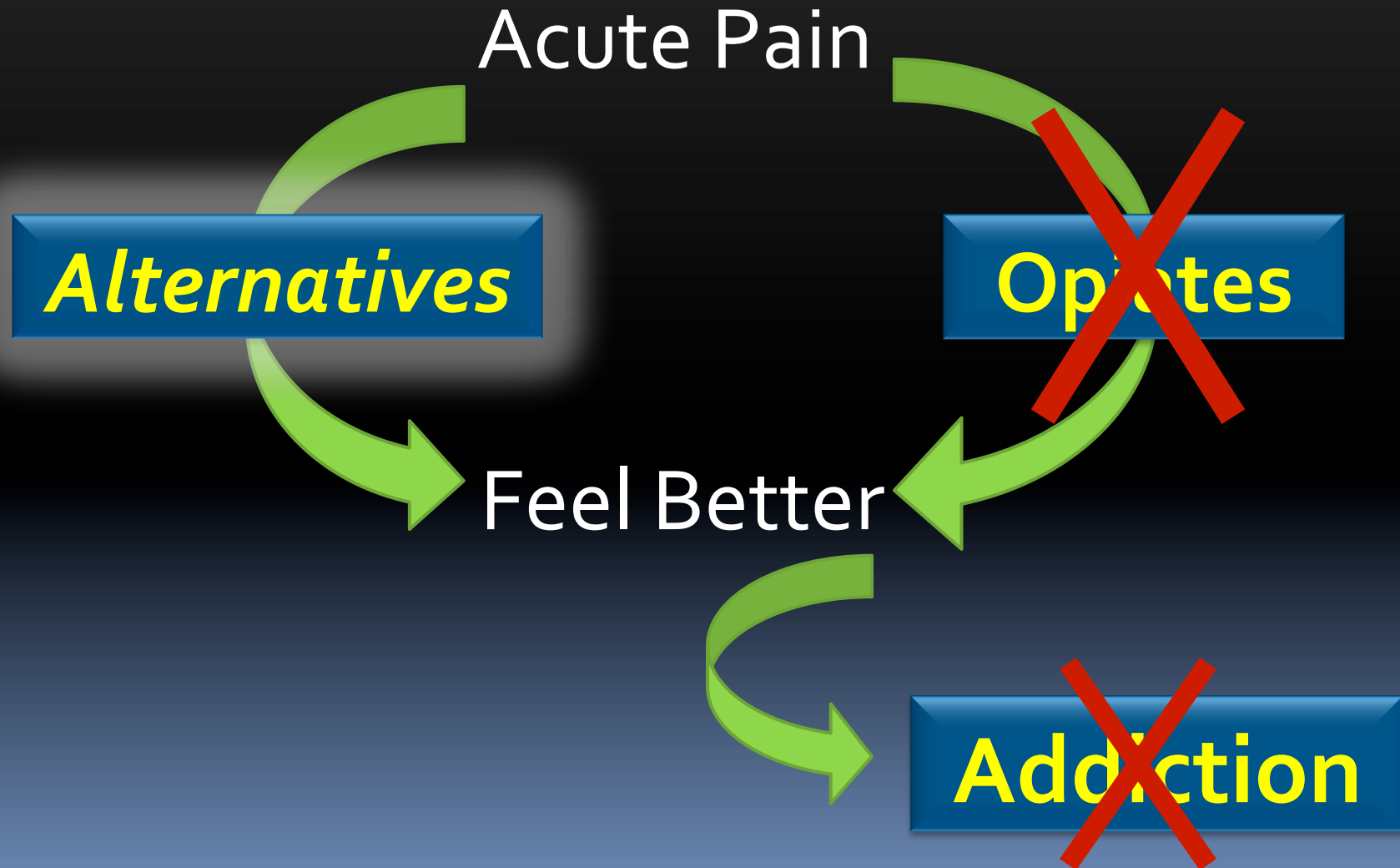




Thank you!

- Urgent Matters Program at George Washington University, Center for Healthcare Innovation and Policy Research
 - Schumacher Clinical Partners
 - Phillips Blue Jay Consulting
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What can we do in the ER?





The ALTOSM Program

- “Alternatives To Opiates”
 - St. Joseph’s Regional Medical Center, Paterson, NJ went live January 4, 2016
- Multi-modal non-opioid approach to analgesia for specific conditions

The ALTOSM Objectives

- The goal is to utilize non-opioid approaches as first line therapy, and educate our patients.
 - Exhaust **alternatives** first
 - Opioids will be used as a **second line** treatment or **rescue medication**
 - Discuss **realistic** pain management goals without patients
 - Discuss **addiction potential** and side effects with using opioids

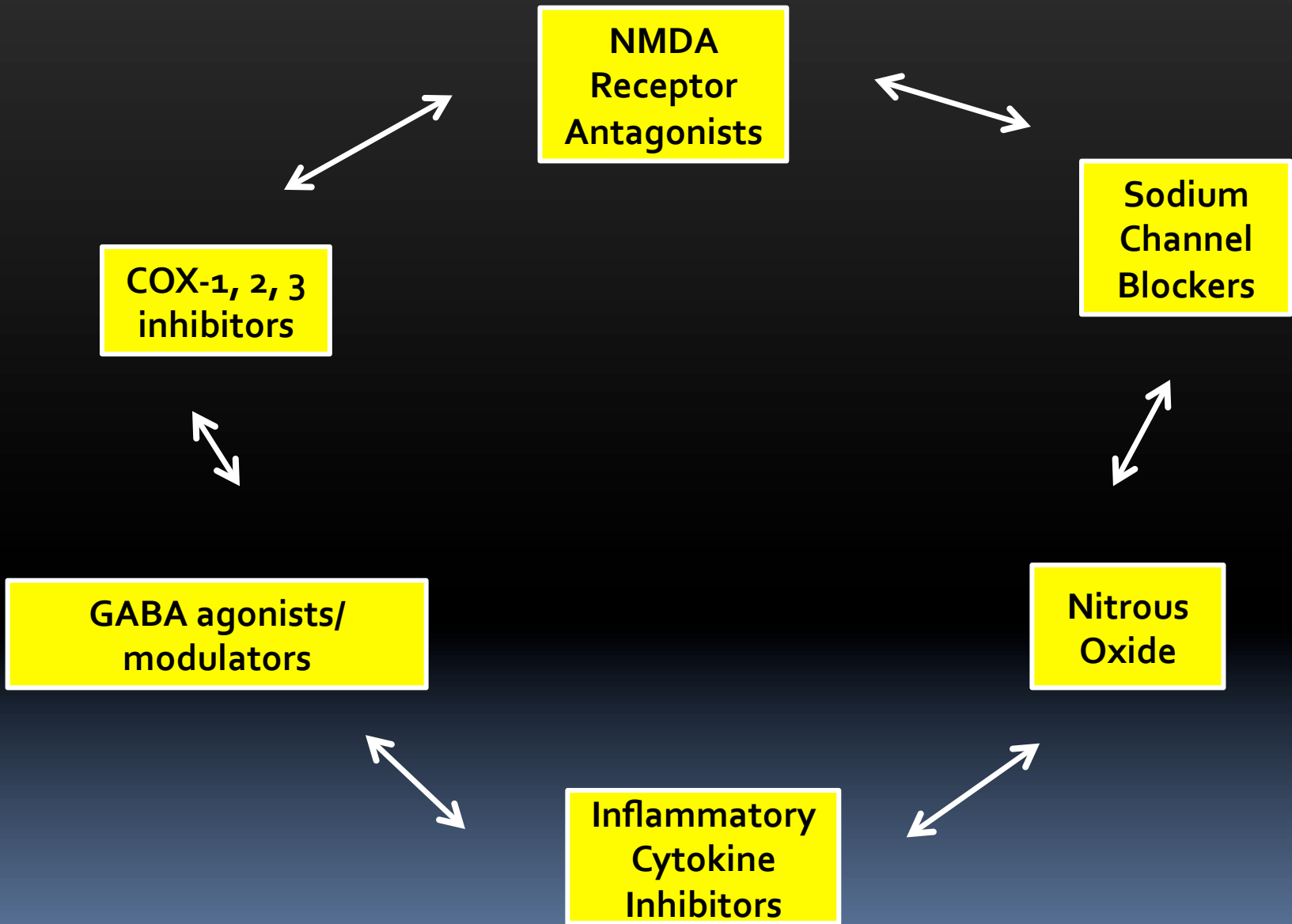
Opioids are necessary.....

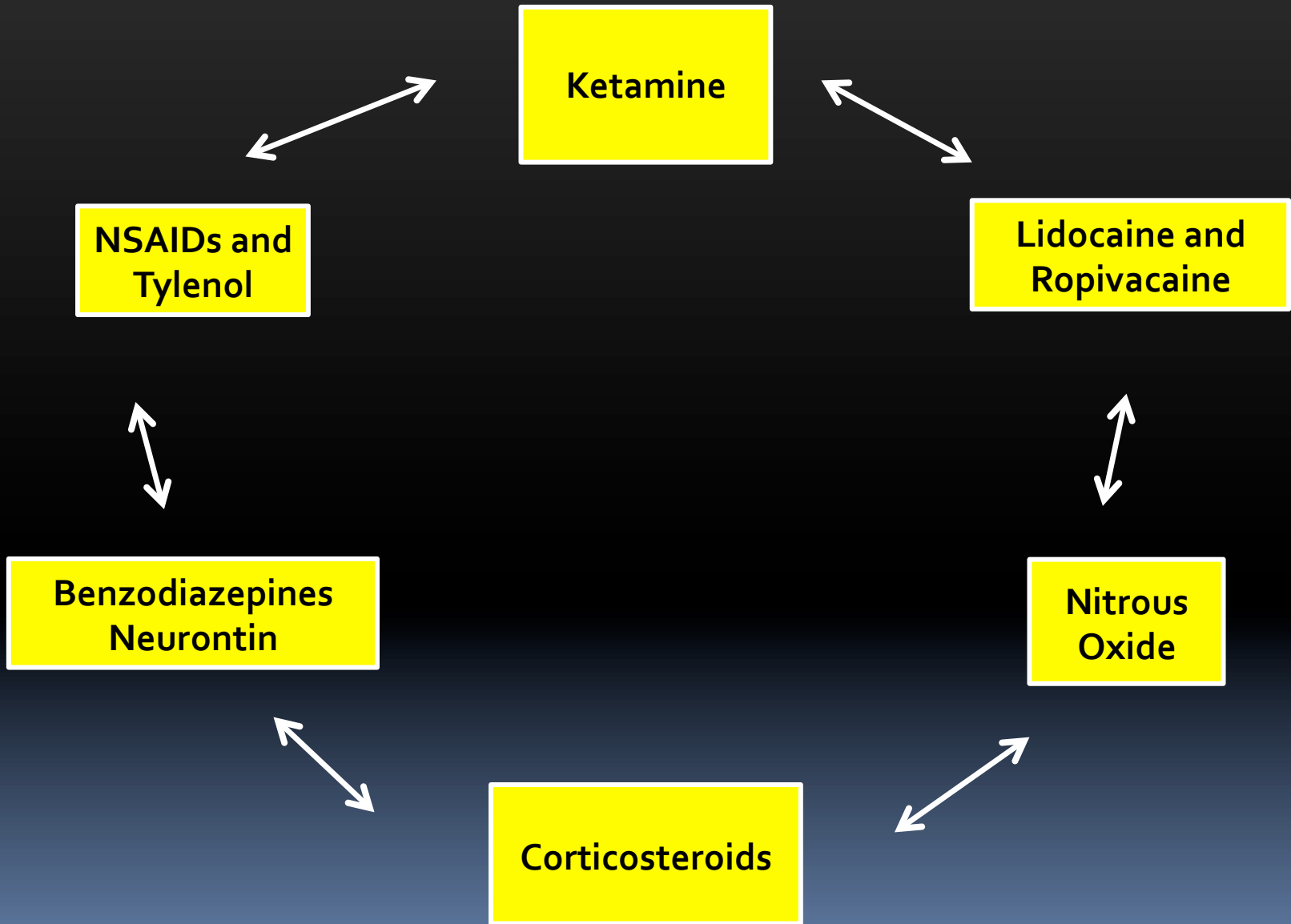
.....but they are not the solution for all pain

- **THINK** before you prescribe
- **USE** alternatives whenever possible
- **CARE** about the patient , addiction is a disease

Targeted Treatment

- By identifying the generator of pain physicians can target treatment to that area
- Flooding the body with opioids only masks that pain to the brain, but does not actually address the underlying case






ALTOSM Conditions

- Acute low back pain
- Lumbar radiculopathy
- Renal colic
- Migraine
- Extremity fracture/Dislocation

Acute Low Back Pain Alternatives

- NSAIDS
 - Trigger Point Injection
- Tylenol
- Topicals
 - Muscle Relaxants
 - Lidoderm, Voltaren, Flector

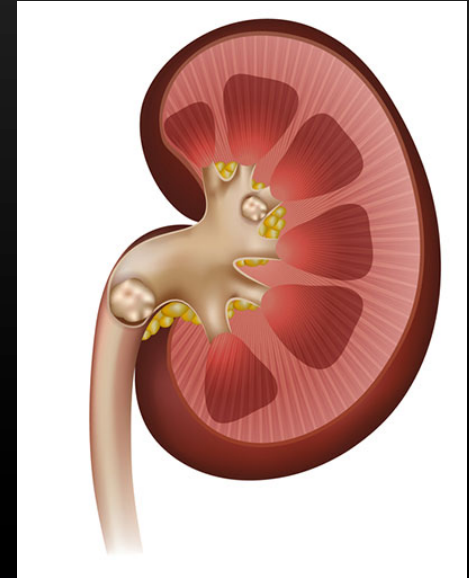


Lumbar Radiculopathy Opioid Tolerant Patients

- NSAID + Tylenol
- Gabapentin
- Valium or Flexeril
- **Ketamine infusion + drip**

Renal Colic

- Toradol 30 mg IV
- Tylenol 1000 mg PO
- 1 L 0.9% normal saline
- Cardiac Lidocaine 1.5 mg/kg over 10 minutes
 - Max 200 mg



Migraine Algorithm

Toradol 30 mg IV

AND

Reglan 10 mg IV

AND

Sumatriptan

6mg sc

AND

Trigger Point Inj

→
<50% Relief

Dexamethasone 4-8 mg IV

AND

Magnesium 1 g IV

AND

Valproic Acid 500 mg in 50 mL over 20 minutes

If >50% relief



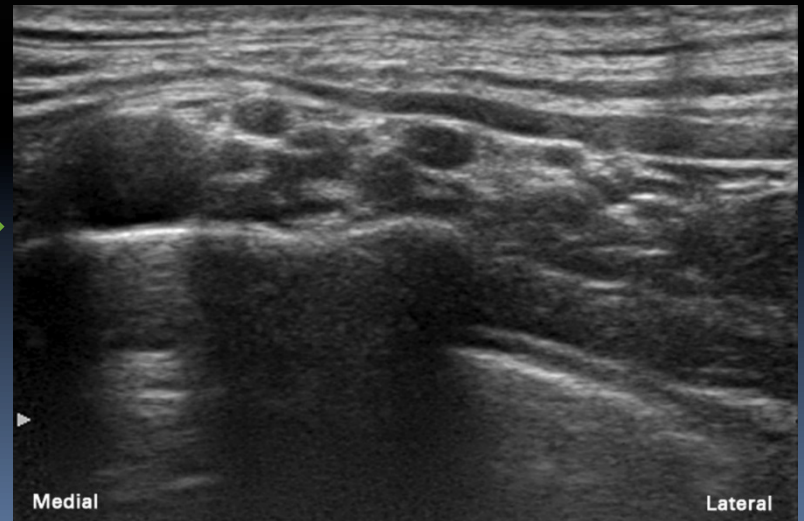
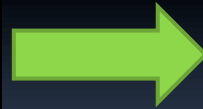
Discharge

If >50% relief



Extremity Fracture Joint Dislocation

Ultrasound Guided Regional Anesthesia




Nitrous Oxide



Nitrous Oxide Evidence

- It indicated for any and every painful condition
- All ages



Laceration repair
Lumbar puncture
Peripheral or central access
Incision & Drainage
Foreign Body removal
Burn/Wound Care




ALTOSM Partnerships

- Departments
 - Physical Therapy
 - Family Medicine
 - Psychiatry
 - Chronic Pain Management
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Future ALTOSM Goals

- Suboxone in the ED
 - Acupuncture in the ED
 - Expansion to inpatient units
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ALTOSM Partnerships

- St. Joseph's Opioid Overdose Prevention and Naloxone Distribution Program
 - Eva's Village
 - Peer Counselors
 - Straight and Narrow Program
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Education

- Emergency Medicine Residency Pain Management Curriculum
 - Didactics + Hands on teaching
 - Pain Management Rotation
 - USRA and more
- Emergency Medicine Pain Management Fellowship, **first of its kind**
 - Dr. Adelaide Viguri

ALTOSM results

First 3 months

- N= 1600 patients
- **47.6% reduction** in opioids for acute low back pain, renal colic, and headache
 - p= 0.0001
- Pain scores pre-ALTO 8 → 1.9
- Pain score post-ALTO 7.9 → 2.0
 - p=0.001



If you'd like to know more

1st ACEP Pain Management Section
meeting

Sunday October 16th at 5 pm
Tradewinds B

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