THE ALTO\textsuperscript{SM} PROGRAM

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What can we do in the ER?

Acute Pain

Alternatives

Feel Better

Opiates

Addiction
The ALTO℠ 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 ALTO℠ 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
NSAIDs and Tylenol

Ketamine

Lidocaine and Ropivacaine

Benzodiazepines Neurontin

Corticosteroids

Nitrous Oxide
ALTO$^\text{SM}$ Conditions

- Acute low back pain
- Lumbar radiculopathy
- Renal colic
- Migraine
- Extremity fracture/Dislocation
Acute Low Back Pain Alternatives

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

If >50% relief

Discharge

<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

Abstract presented at American Headache Society 2015
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

Herres 2015
Klomp 2012
Aboumarzouk 2011
Furuya 2009
Atassi 205
Ducasse 2013
ALTO℠ Partnerships

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

- Suboxone in the ED
- Acupuncture in the ED
- Expansion to inpatient units
ALTO℠ Partnerships

- St. Joseph’s Opioid Overdose Prevention and Naloxone Distribution Program
- Eva’s Village
  - Peer Counselors
- Straight and Narrow Program
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
ALTO\textsuperscript{SM} results
First 3 months

- N= 1600 patients

- \textbf{47.6\% reduction} in opioids for acute low back pain, renal colic, and headache
  - \textit{p}= 0.0001

- Pain scores pre-ALTO 8\rightarrow 1.9

- Pain score post-ALTO 7.9\rightarrow 2.0
  - \textit{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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