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# THE ALTO<sup>SM</sup> PROGRAM

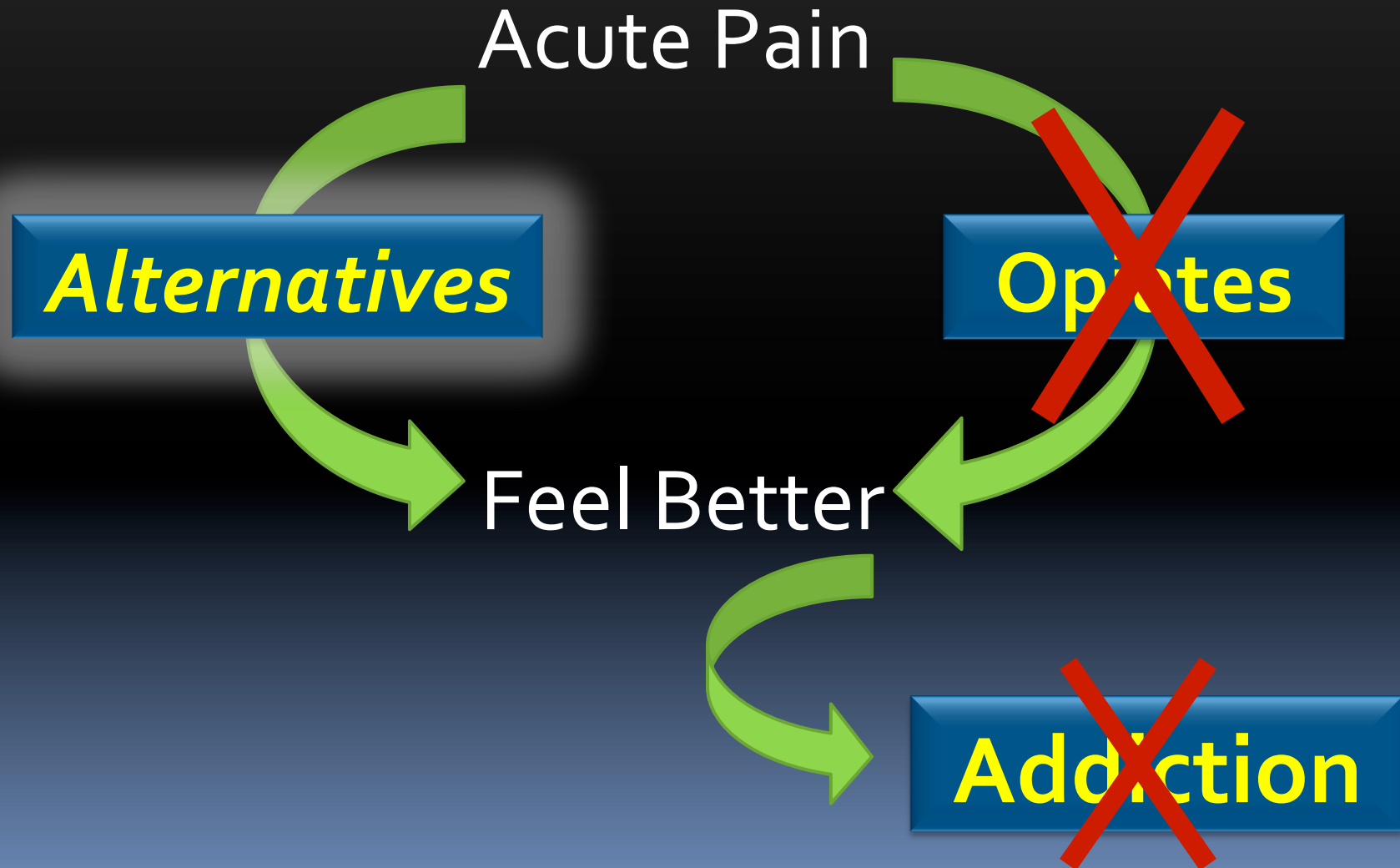




# Thank you!


- 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 ALTO<sup>SM</sup> 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
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# The ALTO<sup>SM</sup> 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.....

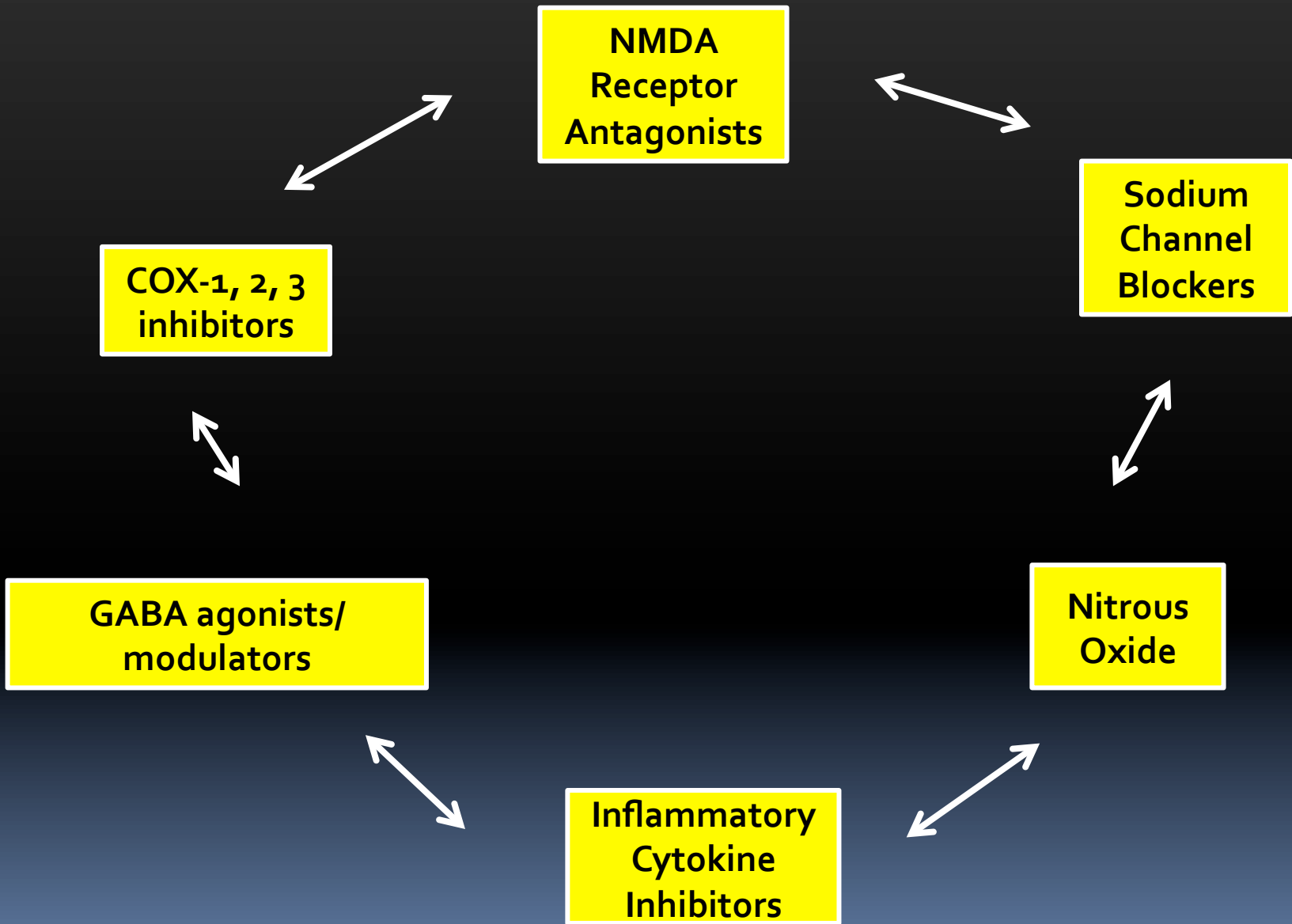
.....but they are not the solution for all pain

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

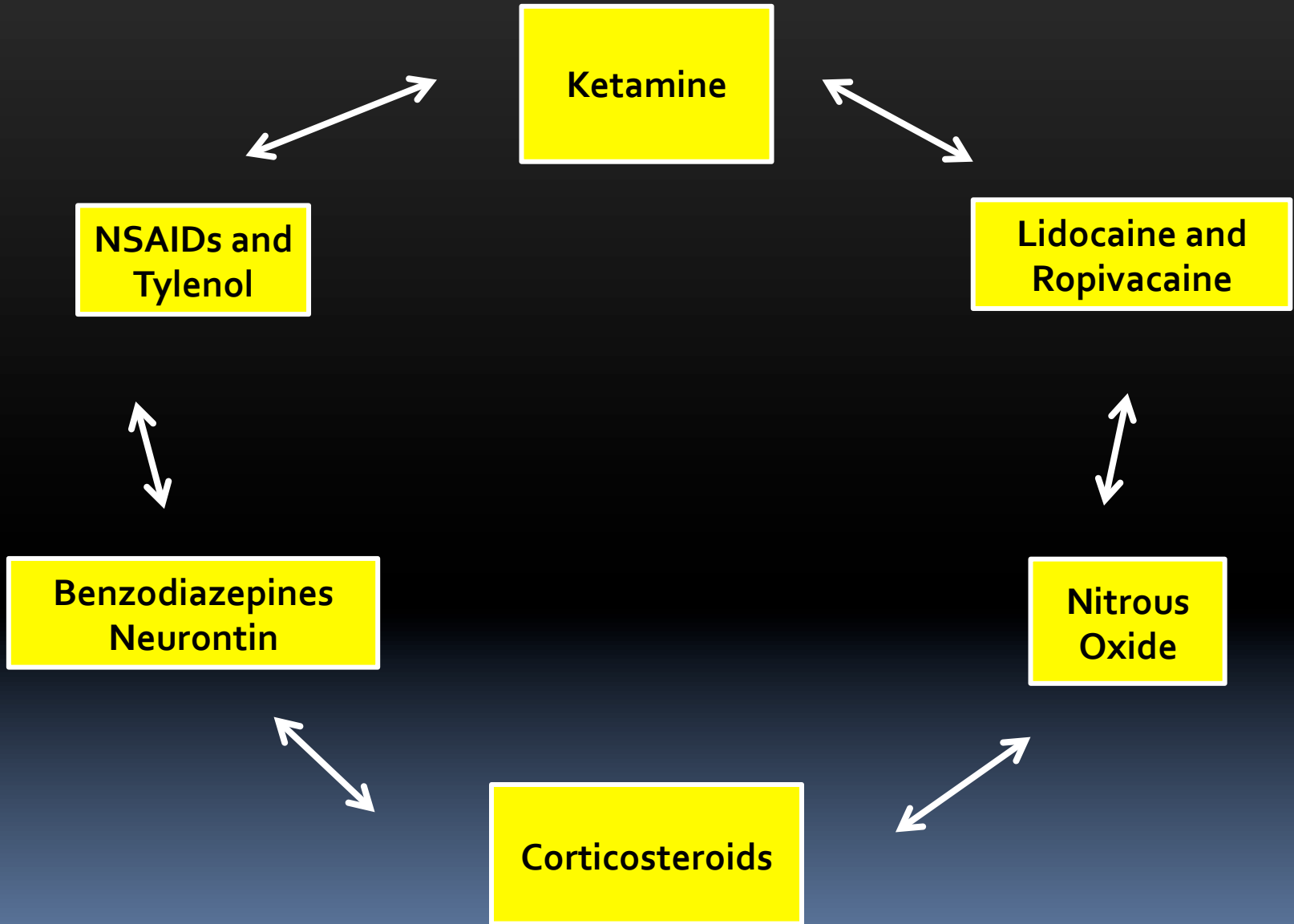


# Targeted Treatment

- 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










# ALTO<sup>SM</sup> 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

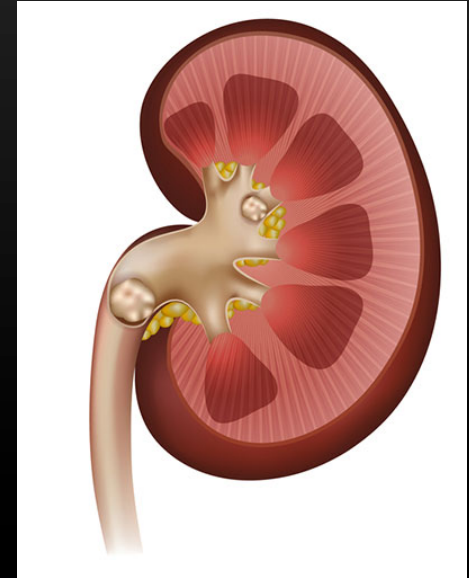


# Lumbar Radiculopathy Opioid Tolerant Patients

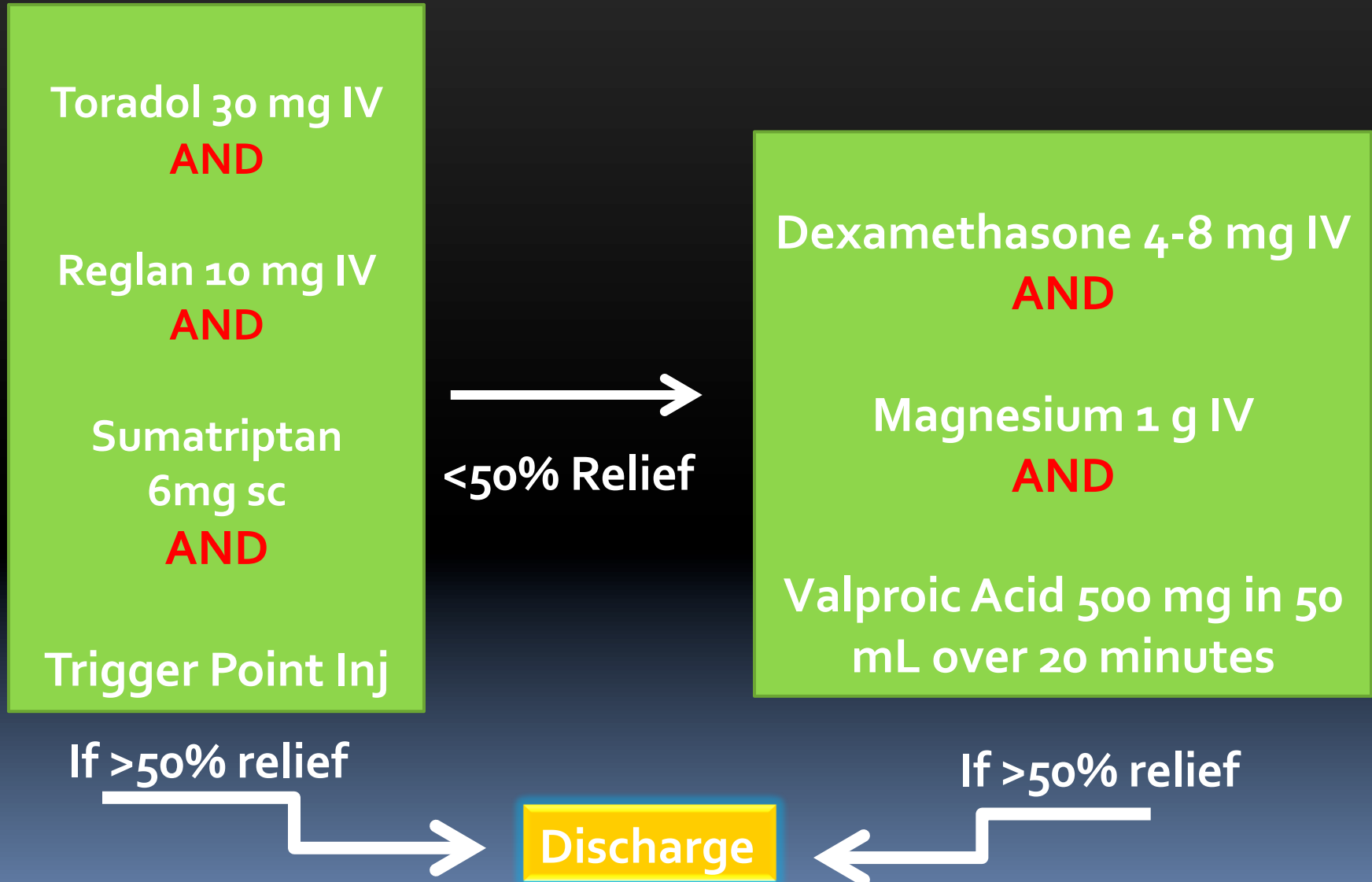
- NSAID + Tylenol
- Gabapentin
- Valium or Flexeril
- **Ketamine infusion + drip**

# 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

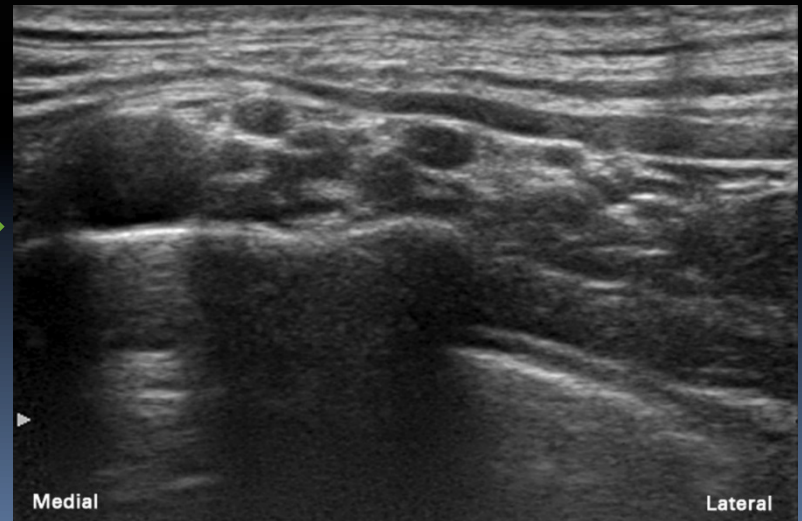


# Migraine Algorithm



# 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




# ALTO<sup>SM</sup> Partnerships

- Departments
    - Physical Therapy
    - Family Medicine
    - Psychiatry
    - Chronic Pain Management
- 




# Future ALTO<sup>SM</sup> Goals

- Suboxone in the ED
  - Acupuncture in the ED
  - Expansion to inpatient units
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# ALTO<sup>SM</sup> 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

# ALTO<sup>SM</sup> 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

1<sup>st</sup> ACEP Pain Management Section  
meeting

Sunday October 16<sup>th</sup> at 5 pm  
Tradewinds B

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