THE ALTO SM PROGRAM

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Thank you!

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

- Acute Pain
- Feel Better
- Alternatives
- Opiates
- Addiction
The ALTO\textsuperscript{SM} 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 the pain to the brain, but does not actually address the underlying case.
ALTO\textsuperscript{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

If >50% relief

Toradol 30 mg IV
AND
Reglan 10 mg IV
AND
Sumatriptan 6 mg 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

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  Ducasse 2013
Klomp 2012  Aboumarzouk 2011
Furuya 2009  Atassi 2005
ALTO℠ 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
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

- **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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