



**PAIN AND ADDICTION CARE IN THE ED**  
**PACED**  
**ACEP ACCREDITATION**

**GOLD LEVEL APPLICATION**

**Applicant Information**

**My Information**

Full Name  
Position  
Phone  
Home  
Phone Type  
Email

**ED Site Information**

ED Site name

**Program Information**

**According to local or state classifications, what is your hospital considered?**

- Urban
- Suburban
- Rural
- Unsure

**From the list below, select all types of trainees in your emergency department**

- Emergency medicine residents
- Non-emergency medicine residents
- Medical students
- Physician assistant/nurse practitioner students
- Pharmacy students
- No trainees
- Other

**How many treatment spaces do you have in your ED?**

- 0-5
- 6-10
- 11-25
- 26-50
- 51+

**How many patient ED visits for the most recent year?**

- less than 15,000
- 15,001 to 30,000
- 30,001 to 50,000
- 50,001 to 100,000
- greater than 100,000

**Why you are interested in PACED accreditation? (Check all that apply)**

- Administrative mandate
- Improved patient care
- ED Director/Staff initiative
- Community engagement
- Population health
- Marketing
- Other

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**Leadership and Collaboration**

**Team Leader**

Full Name  
Credential  
Job Title

**Team Member(s)**

Full Name  
Credential  
Job Title

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**Collaboration and Engagement – Pain Control**

**Narrative:** Programs shall be able to describe the implementation of ongoing processes and definitive follow-up plans occurring in the ED and whom (from outside the ED) is involved in addressing follow-up for continuity of care for patients with pain.

**Narrative:** Describe how your ED initiates outpatient follow up, including the coordination of care of the chronic pain patient in the community.  
0 / 1000 character max

**Narrative:** Describe collaboration among team members not in the ED (e.g. pharmacy, nursing, PT, administration) including how and what information is shared among the team.  
0 / 1000 character max

**Narrative:** Describe your plan to educate and train your team members in the following areas of your pain management program: acute pain management, alternatives to opioids, injection of inhalation treatments, and non-pharmacologic pain management treatments.  
0 / 1000 character max

**Narrative:** Describe plans to educate your team in managing pain in patients with Opioid Use Disorder (OUD) with a focus on integration of non-stigmatizing language.  
0 / 1000 character max

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## **Collaboration and Engagement – Alcohol Use Disorder (AUD)**

**Narrative:** Programs shall describe the implementation of ongoing processes and organized follow-up plans occurring in the ED and community resources responsible for follow-up of patients identified as having alcohol use disorder.

**Narrative:** Describe community resources available for follow-up and how your ED initiates outpatient follow-up including the coordination of care in patients with AUD.  
0/1000 character max

**Narrative:** Describe resources about local community support (eg. AA, SMART Recovery)  
0/1000 character max

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## **Screening algorithm**

## **Protocol for the use of medications for the treatment of AUD (eg, gabapentin, naltrexone, carbam..)**

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## **Meetings**

Applicants shall submit either meeting minutes or meeting agenda with sign-in sheet documenting designated meeting date and time met. Gold level PACED teams shall have quarterly meetings at a minimum within a calendar year and meetings may be face to face or virtual.

Require 2 Minutes or Agenda

1st meeting minutes or meeting agenda with sign-in sheet

2nd meeting minutes or meeting agenda with sign-in sheet

3rd meeting minutes or meeting agenda with sign-in sheet

4th meeting minutes or meeting agenda with sign-in sheet

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### **Pain Management**

Implement multimodal strategies for acute non-complicated pain based on best practice guidelines. May include special population protocols such as geriatric pain and/or pediatric pain. Upload strategies used for 4 different conditions in the ED for the conditions listed (based on national guidelines from ACEP, E-QUAL, HHS, or the CDC, for example). In addition, please upload patient education materials, DOT/SMART phrases and/or specific patient discharge instructions, if available.

Required: 4 Strategies  
Education Materials - (Optional)

Acute Abdominal Pain  
Acute Back Pain  
Atraumatic Headache  
Dental Pain  
Musculoskeletal Injuries  
Periprocedural Pain/ Not Procedural Sedation and Analgesia (PSA) Renal Colic  
Other

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### **Non-Opioid Pharmacologic Modalities**

#### **Non-Opioid Modalities**

Standardize the use of non-opioid pharmacologic modalities from the following list. In addition, please upload patient education materials, DOT/SMART phrases and/or specific discharge instructions created that are related to the selected modalities, if available.

Required: 6 Strategies  
Education Materials - (Optional)

Gabapentinoid

Haloperidol  
Ketamine  
Lidocaine IV  
NSAIDS/Acetaminophen  
Patches / Topicals  
Other

## **Injection or Inhalation Modalities**

Document strategies that demonstrate the use of injected or inhaled modalities from the following list. In addition, please upload patient education materials, DOT/SMART phrases and/or specific discharge instructions created that are related to the selected modalities, if available. Narratives may suffice.

Required: Select 3 Strategies  
Education Materials (Optional)

Hematoma or nerve block (e.g. dental, digital, inferior alveolar, facial)  
Intra-Nasal Administration of Medications  
Nitrous Oxide  
Soft Tissue - Bursa Injection  
Trigger Point Injection  
Ultrasound-Guided Regional Anesthesia  
Other\_\_

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## **Opioid Stewardship**

### **Opioid Ordering and Prescribing**

Document strategies to support opioid stewardship related to treating patients with opioids in the ED as well as prescribing opioids at discharge. Examples include minimizing the number of pills at discharge, the EHR default quantity for opioid drugs to reflect 3 days or less and minimizing the use of euphoria-inducing opioids (e.g. minimized use of IV push drugs when appropriate).

Require ALL Strategies

Opioid prescribing documentation

## **Acute Exacerbation of Chronic Pain**

Implement strategies for the management of acute, intermittent, or chronic pain based on best practice guidelines. Please upload different protocols, guidelines, or standardized procedures. This may include special population protocols such as geriatric pain and/or pediatric pain. In addition, please upload patient education materials, DOT phrases and/or discharge plans for the selected modalities if available.

Require 2 Strategies

Education Materials - (Optional)

Back or Musculoskeletal Pain

Gastroparesis/Cyclic Vomiting

Headache Disorder

Neuropathic Pain

Sickle Cell Crisis

Other

## **Naloxone Prescription and Education**

Standardize naloxone education and prescribing or dispensing for high-risk patients. Note: High-risk patients includes patients presenting after opioid or other drug overdose, history of overdose in the past, active injection drug use, or for other illicit drug use, or for pain management.

Require ALL Documentation

Standardize naloxone prescription and/or distribution for high risk patients (for risk reduction of overdose).

Standardize naloxone education for high risk patients for risk reduction of death from overdose (e.g. patient education materials, DOT/SMART phrases, handouts, or documentation of formal conversations).

## **Opioid Harm Reduction**

Establish opioid risk reduction interventions for patients seen in the ED **following opioid overdose**. May include order sets, protocols, or clinical process discharge information.

## Require ALL Documentation

Disseminate patient education information concerning- risk education and risk from overdose.

Information provided to patient on clean usage and safe injection to prevent infection.

Information provided to patient about community health screenings for Hepatitis and HIV

Guidelines, order sets, a copy of a Memorandum of Understanding or other formal documentation demonstrating a relationship between the ED and outpatient follow-up such as an addiction medicine clinic, peer navigator programs, or treatment provider.

## Optional Documentation

Information provided to patient on syringe exchange, if available.

## **Buprenorphine**

Implement a buprenorphine treatment program for opioid withdrawal in the ED.

## Require ALL Documentation

### **ED Buprenorphine Treatment**

Provide strategies for initiating buprenorphine in the ED for the treatment of opioid use disorder, such as an order set in the Electronic Health Record (EHR), a formulary or written verification from pharmacy.

### **List of Referral Centers Available**

Upload a list of treatment facilities and/or locations for referral of patients who have not received ED initiation of buprenorphine treatment but do present with OUD.

### **Informal Transition of Care**

Upload a list of programs in the community identified and referral information given to patients initiated on buprenorphine in the ED for patients to seek follow-up.

### **Formal Transition of Care Post Treatment**

Provide documentation of a clear referral pathway with an outpatient provider that can continue buprenorphine that is started in the ED. This may include addiction specialists, peer recovery, use of a substance use navigator, a warm handoff, etc.

## Prescription Drug Monitoring Program (PDMP)

Provide documentation demonstrating the use of the PDMP in accordance with state regulations.

Require ALL Documentation

Protocol, dot phrase or other documentation reflecting best practice of PDMP

Documentation of state regulations

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## Non-Pharmacologic Pain Management Modalities

Establish strategies emphasizing the use of non-pharmacologic pain management modalities in the ED. Upload any guidelines or protocols created, and any patient education materials encouraging the use of these non-pharmacologic modalities after discharge. By uploading the documents, your department is attesting to the availability and use of these modalities.

Require 3 Strategies

Aroma Therapy Distraction for pediatrics Hot/cold packs Immobilization

Manipulation (Osteopathic or Chiropractic) Music Therapy

Physical therapy (may include referral) Transcutaneous Electrical Nerve Stimulation (TENS) Virtual Reality / Guided Imagery

Other

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## Quality Assurance/ Quality Improvement (QA/QI) Process

Establish a QA/QI process surrounding opioid stewardship and alternative therapies for managing acute and chronic pain in the ED. All PACHED accredited departments will complete

### Project 1.

Examples of potential additional projects for Gold and Silver accredited programs include tracking opioid order rates for patients in the ED, tracking opioid prescribing patterns on discharge from the ED, etc.

### Project 1

Opioid prescribing rate, number of prescriptions at discharge

Month

Most recent 6 months

Numerator = Patients prescribed opioids at discharge

Denominator = Number of cases for backpain, headache, and dental pain

Percentage



Month

Month

Month

Month

Month

Month

## **Project 2**

Upload the following information

1. A description of the outcome being measured.
2. A description of how you will obtain necessary data to track your success (manual vs. via EHR vs. other).
3. A timeline for your project, either once or with ongoing interval evaluation.
4. Any current baseline data or pre/post data if project is already completed.

Upload project indicating quality assurance/quality improvement process.

## **Project 3**

Upload the following information

1. A description of the outcome being measured.
2. A description of how you will obtain necessary data to track your success (manual vs. via EHR vs. other).
3. A timeline for your project, either once or with ongoing interval evaluation.
4. Any current baseline data or pre/post data if project is already completed.

Upload project indicating quality assurance/quality improvement process.

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## **Attestation**

Sign and Submit