Dispensing Medications in the E.D. And Prescribing Practices

Walter Kuhn, M.D., FACEP

Medications and High Security- Why All the Fuss?
The medication dispensing machines were installed for several reasons:

a. Rules governing the dispensing of medications from an Emergency Department are very specific and demanding: The Georgia State Board of Pharmacy regulations allow for a physician dispensing of a supply of emergency medication from an emergency room ONLY when a licensed pharmacy is not available. If the physician elects to dispense, he must comply with all labeling, packaging (including child-proof containers) and record keeping requirements that pharmacies must comply with. The dispensers help with the record keeping, packaging and labeling of medications. Medications are also listed with patient numbers.

b. In the last years an enormous amount of medicine has been stolen or misplaced from the E.D. This has totaled thousands of dollars each month. Oftentimes it has been from a well intentioned nurse or physician giving medication to patients without regard to proper charges. In any case, the medication dispensers have basically eliminated the loss of medications.

Why are there so few medications available in the E.D. that I can give to patients to "get them started"?
This is governed by the Georgia State Board of Pharmacy, not by an Emergency Department’s wishes or desires. The following is a statement from the State Board- 480-13-06 (11) Emergency Room Dispensing
A physician may, when drugs or controlled substances are not otherwise available from a licensed pharmacy, dispense an emergency amount of medication, but only sufficient quantities until such a time as medication can be obtained from a pharmacy licensed as a retail pharmacy. Nurses may not dispense medication from the emergency room. Since the Augusta area is covered by a 24 hour pharmacy (Revco© till midnight and Kroger© all night) there should be virtually no circumstance existing in which it should be necessary to dispense drugs from emergency services. (e.g. the stock of medications in the E.D. is for patients while they are present in the facility only). This is likewise the reason that “samples” of medication from drug representatives are not distributed to patients in the E.D.

What if the patient is so poor that they can not afford the medication, yet it is urgently needed?
We are not in a position to solve all of societies needs, yet we must guarantee the safety of our patients. The MCG pharmacy is authorized to dispense a 48 hour supply of medications without charge in emergency situations. Therefore, when this need arises "after hours," a prescription should be written for the 48 hour emergency supply and taken to the inpatient pharmacy. During normal hospital hours, the patient should be directed to the outpatient pharmacy. A second prescription is written for the remainder of the course of the medication. The patient representative should be notified or social services should be involved to help with the finances for the remainder of the prescription.

PRESCRIPTION DRUG SEEKERS*
In the past, most narcotic seekers were heroin addicts. The need for prescription narcotics varied inversely with the supply of heroin on the street. However, supply and demand is not the only reason many drug seekers prefer prescription narcotics. First, unlike illicit drugs, the safety and strength of prescription drugs is uniform. Second, unlike illicit substances, prescription drugs may be legally possessed. Third, the drug seeker is dealing with a physician and a pharmacist, rather than an unsavory drug dealer or an undercover police officer (most physicians are easy prey, since we usually are not street smart). Finally, some drug addicts, worried about the transmission of human immunodeficiency virus through the sharing of intravenous needles, are opting instead for oral prescription drugs.
Some common disorders feigned by drug seekers seen in the ED*
Migraine headache     Toothache
Tic douloureux     Sickle Cell Crisis
Back pain     Renal colic
Colitis     Metastatic cancer
Acute or chronic pain from orthopedic injury     Narcolepsy

Street Prices of drugs of abuse (1988)*

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Street price $ per tablet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphenoxylate (Lomotil©)</td>
<td>4 - 6</td>
</tr>
<tr>
<td>Methylphenidate (Ritalin©)</td>
<td>3 - 5</td>
</tr>
<tr>
<td>Propoxyphene (Darvon©)</td>
<td>10 - 15</td>
</tr>
<tr>
<td>Tylenol #3©</td>
<td>5</td>
</tr>
<tr>
<td>Diazepam</td>
<td>3 - 5</td>
</tr>
<tr>
<td>Oxycodone (Percodan©, Percocet©)</td>
<td>10 - 12</td>
</tr>
<tr>
<td>Hydromorphone (Dilaudid©)</td>
<td>10 - 15</td>
</tr>
<tr>
<td>LSD</td>
<td>6 - 10</td>
</tr>
<tr>
<td>Codeine</td>
<td>3 - 5</td>
</tr>
<tr>
<td>‘Crack’ Cocaine</td>
<td>10 - Hit / 20 - Rock / 100 - Gram</td>
</tr>
</tbody>
</table>

Forging prescriptions*

Prescriptions are forged in one of the following ways:

A. Altering a prescription written by a doctor- the drug seeker uses a pen with the same color ink and alters the number of the medication to be prescribed by changing the Arabic or Roman numerals. You can guard against this by writing both the number and then in longhand, the corresponding number alongside. When in doubt, also omit your DEA (BNDD) number which will force the pharmacist to call you before the prescription is filled.

B. Forging prescriptions from scratch- (common in Augusta)

The forger begins with a legitimate prescription blank from a practicing physician (either stolen or stenciled). (With the advent of computers some drug seekers use desktop publishing to produce prescription pads and can alter the physicians involved at will). They then write for whatever they wish and are often clever in forging the pads and prescriptions. If they have the pads or are producing them on computer, small numbers of pills can be prescribed which often does not alert the pharmacist.

Reducing prescription drug forgery* (ER Reports, Dec 19, 1988)

1. Store all unused prescription pads in a safe place.
2. Minimize the number of pads in use at one time.
3. Number prescription blanks so that missing blanks may easily be detected.
5. Write prescriptions in ink
6. Use combination of long-hand plus Arabic and Roman numerals to indicate the amount of the drug prescribed.
7. Do not use prescription blanks for memos or for instructions to patients.