



Opioid Discharge Prescribing for Upper Limb Fractures

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Purpose

Opioids are commonly prescribed for traumatic injuries on discharge from the Emergency Department. Opiate prescribing can result in misuse and complications, therefore a patient focussed approach is required for outpatient analgesia planning. The PiE (Pain Management in Emergency) was established to review local analgesia prescribing trends. Patients with upper limb fractures were the focus for this audit.

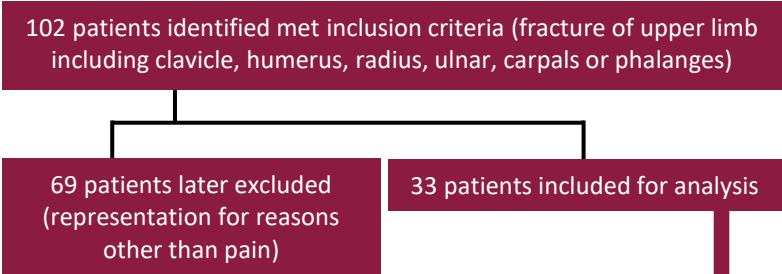
Methods

Retrospective audit of adult patient presentations
June 2020 – December 2020

- ❖ Inclusion Criteria:
- ❖ EDIS diagnosis of upper limb fracture (radius, ulnar, forearm)
- ❖ Primary management in ED
- ❖ Representation within 14 days of initial presentation

- ❖ Exclusion Criteria:
- ❖ Representation due to other reasons (i.e. POP care, other medical conditions)
- ❖ Admission for inpatient care

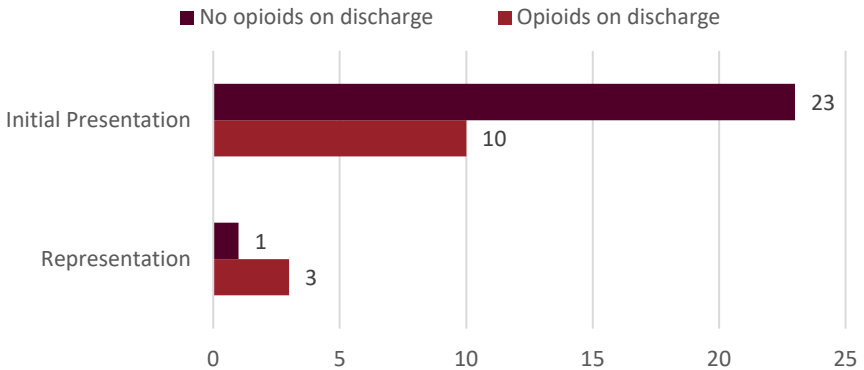
Results



Radius fractures represented 36%, with 42% of these discharged with opiate prescription

31% of patients with upper limb fractures represented within 14 days with pain

12% were discharged with opiates after re-representation (inc both groups)



Conclusion

Patients with upper limb fractures are often discharged from ED without opiate analgesia.

Re-representation secondary to pain needing opiate analgesia infrequent.

Non-pain related re-representations common and necessitate further exploration.