The emergency nurse faces the dilemma of pain relief in a certain type of patient on a daily basis. This patient is the drug seeker. Emergency departments are required by the Emergency Medical Treatment and Active Labor Act to provide an appropriate medical screening examination to determine whether an emergency medical condition exists. If this condition exists, the hospital must provide the necessary stabilizing treatment. This screening must include a pain assessment. An “emergency medical condition” is defined in the Emergency Medical Treatment and Active Labor Act as a “medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain).”¹ The Joint Commission on Accreditation of Healthcare Organizations considers pain as the fifth vital sign. It requires the management of pain. We, as nurses, want to help our patients. The evidence of pain relief shows us that we are meeting our goals. How, then, do we perform our jobs as nurses and not enable the addictions or habits of our patients?

Pain is defined as “an unpleasant feeling that is conveyed to the brain by sensory neurons. The discomfort signals actual or potential injury to the body. However, pain is more than a sensation, or the physical awareness of pain; it also includes perception, the subjective interpretation of the discomfort.”² We, as providers, are to believe the pain the patient is experiencing is real and to treat it accordingly.³ Pain can be classified as acute, subacute, or chronic; the classification is based on how long the symptoms of pain have been present.⁴ Pain has been named as the number 1 reason that patients present to the emergency department, and the pain rating is frequently high, such as 8 of 10.¹ “In a joint statement from 21 health organizations and the U.S. Drug Enforcement Administration (DEA), it’s clearly stated that undertreatment of pain is as issue … .”⁵

The value of prescription narcotics on the street is greater than that of marijuana and heroin. The Drug Enforcement Administration estimates that one-third of illegal drug traffic is in the form of diverted prescriptions. Drug seekers account for 20% of total ED visits.⁶ “Currently, up to 30 percent of prescription narcotics are diverted for illegal use by someone other than the person for whom it was prescribed. Narcotics are not only shared with family and friends; they are often sold to strangers or exchanged for illegal substances.”⁷ “Drug diversion is estimated to cost nearly $100 billion annually in health care costs.”⁸

Being able to tell the difference between drug seekers and patients who are truly sick may not always be possible. When patients are genuinely in pain, they look like they are in pain and they will tell you where the pain is and describe the pain. The drug seeker tends to be focused on the drug they want, whereas patients with inadequately treated pain focus on the pain.⁹ One should determine whether the pain makes sense and whether it follows an anatomic pattern.² Part of the issue with identifying the drug seeker is that we, as nurses, do not want to become jaded or skeptical. We want to believe our patients. We do not want to become so skeptical that every patient who presents with nonspecific pain is considered a seeker.

Some characteristics of drug abusers or seekers are as follows:

- Insistence on specific medications
- Claims that no other medications work except drug of choice
- Allergies to all pain medications except drug of choice
- Preoccupation with opioids during the visit
- Use of aliases
- Frequenting of multiple hospitals⁶
- Faking of pain
- “Loss” of medications

An ethical issue that presents to the nurse is the time that the drug-seeking patient consumes and that is taken away from the true ED patients. Nurses must justify in their minds that even though the drug seeker is consuming time, they must treat him or her as they would any other...
patient. If the triage system is used appropriately, the drug-seeking patient hopefully will not take away from the acutely ill patients.

Drug-seeking patients often are the patients who make negative statements and complaints about the emergency department. The administrative staff needs to look at each complaint on an individual basis and review medical records as well. Care plans for patients who frequent the emergency department are also helpful in the complaint process. These are an indicator to the administrative staff of the frequency of visits. The care plan also provides recommendations on treatment for the patient.

There are numerous ways to address drug seekers, but a team approach must be used. Everyone must be on the same playing field. We must learn to recognize suspicious behavior and address it, not ignore it. A thorough history can put red flags on the complaints that are being given. Although testing has associated costs, appropriate tests may have to be ordered by the physician to substantiate the complaint of pain. A prescription of non-narcotics or non-pharmacologic treatments can be recommended. One should always proceed cautiously with drug-seeking patients. “If you are unsure about the true intentions or needs of a patient, it is usually wise to treat the pain. The harm done by not treating pain is usually greater than the harm done by giving pain medicine to a drug seeker.”

Documentation is the greatest lifesaver for the health care professional dealing with the drug seeker. We are required by federal law and various commissions to obtain documentation, and this documentation will be the nurse’s defense. Detailed and thorough documentation will help back up the decisions made in the treatment of the patient. One should always avoid opinions or subjective data. Direct quotes from the patients are very helpful.

Although not treating the pain of a patient or meeting needs goes against what a nurse has been taught, one should remember that we do not want to feed the problem. The health care worker also needs to review his or her views on drug abuse. We are also to serve as patient advocates and need to be sure that we are advocating for patients who might be tagged as drug seekers mistakenly. Lastly, it should be remembered that drug-seeking patients become sick as well.

REFERENCES


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