



Emergency Nurses Report Need for Evidence-Based Discharge Protocols

No objective measures of discharge readiness found after narcotic medication administration

(August 19, 2014) – Emergency nurses report a surprising lack of consistency in criteria for discharge after emergency department patients receive Schedule II or III narcotic medications. These findings appear in a new study published online today in the [Journal of Emergency Nursing](#), the peer-reviewed journal of the [Emergency Nurses Association](#) (ENA).

Researchers conducted a qualitative study of 19 emergency nurses from around the U.S., who practice in a variety of emergency settings, to understand their perceptions about common practices related to discharge after administering Schedule II or III narcotics. They examined dosage, time, availability of care resources, and other criteria. Schedule II and III narcotics are often prescribed to treat acute pain and include opioids such as codeine, morphine, and Vicodin®.

According to the research by Lisa Wolf, PhD, MS, RN, CEN, FAEN, Altair M. Delao, MPH, and Cydne Perhats, MPH, of the Institute for Emergency Nursing Research at the Emergency Nurses Association in Des Plaines, IL, all study participants reported their emergency department had no evidence-based discharge policy for patients receiving strong narcotic medications. Few reported having any policy related to discharging these patients.

Drug-to-discharge timeframes ranged from zero to 240 minutes after administration of Schedule II and III narcotics, and the most common reason for a wait was attributed to assessing a patient for a reaction. Criteria used for discharge readiness included assessing physiologic, cognitive, and social conditions. Yet no objective measures for readiness were noted.

Respondents say the decision about patient readiness for discharge is left largely to the primary nurse. Discharge practices vary, and are often administrative personnel-dependent as opposed to administrative systems-dependent.

The study reveals these healthcare practices are largely based on tradition rather than evidence. Researchers note that further studies are needed for developing, implementing, and evaluating a discharge tool based on evaluation of patient outcomes, along with nurse satisfaction and confidence.

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About the Emergency Nurses Association

The Emergency Nurses Association (ENA) is the premier professional nursing association dedicated to defining the future of emergency nursing through advocacy, education, research, innovation, and leadership. Founded in 1970, ENA has proven to be an indispensable resource to the global emergency nursing community. With more than 40,000 members worldwide, ENA advocates for patient safety, develops industry-leading practice standards and guidelines, and guides emergency healthcare public policy. ENA members have expertise in triage, patient care, disaster preparedness, and nearly all aspects of emergency care. Additional information is available at www.ena.org.