Why are we taking hydromorphone out of the ED

There are a large number of adverse drug reactions associated with hydromorphone in the hospital. It is often overdosed or dosed too frequently, leading to oversedation or respiratory depression leading to bad outcomes. WakeMed is interested in decreasing hydromorphone use in the hospital system overall. It is used most frequently in the emergency department, and we feel that WEPPA can lead this initiative on behalf of WakeMed.

This is not an effort to eliminate opioid use in the management of acute pain. Opioids are a great therapeutic option, among many other alternatives, for managing pain.

So, can we use hydromorphone anymore?

Yes, you can still use hydromorphone, but it should be reserved for second line therapy if pain management with other opioids is not adequate.

It will be removed from the ED Pyxis and stored in the pharmacy. In the freestanding EDs, the hydromorphone supply in the Pyxis will be decreased significantly.

If opioids are needed as first line therapy, morphine or fentanyl at appropriate weight-based dosing should be used. Additionally, multimodal analgesia using NSAIDs, acetaminophen, ketamine, local injections/nerve blocks or other alternatives should always be considered.

As with any guideline or pathway, your clinical judgment should always guide management.

What do I tell my patients?

“We don’t keep Dilaudid in the ED anymore. We will use other medications to treat your pain, including morphine if needed.”

If you get pressed further you can state, “By hospital policy we do not use Dilaudid as first line treatment.”

What if a patient reports an allergy to morphine and says they can only receive hydromorphone for pain control?

Morphine and Dilaudid are in the same class. If a patient can receive Dilaudid then they can receive morphine as these have significant cross-reactivity. Some opioids cause an increased release of histamine compared to others, so oral Benadryl can be used if needed for itching or rash, but this is not a contraindication to use. If a patient does have an allergy to morphine, and an opioid is indicated, fentanyl may be considered as it has a decreased likelihood of cross-reactivity. However, there is still the potential for an allergic reaction and the patient should be carefully monitored.

Does this change how I treat patients with:

Sickle cell VOC pain

Using opioids to manage pain from acute vaso-occlusive crisis in sickle cell is the recommended first line treatment. National guidelines recommend either IV or SC morphine (0.1 mg/kg) or hydromorphone (0.02 mg/kg) as first line therapy.

Cancer pain

Per the policy, if a patient uses hydromorphone for pain control at home then it can be used as first line therapy.

Has anyone else ever done this before?

Yes. As we developed this policy we spoke with several other hospital systems (MedStar Health system in Maryland and Advocate Health in Illinois) that implemented similar policies. They gave useful feedback and had a positive experience with this initiative in their health care systems.