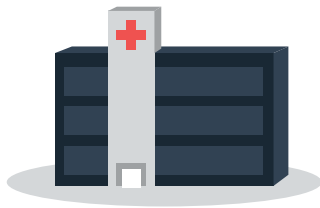


## Why Physicians Need to Have A Panoramic View Of Opioid Exposure

Contrary to popular belief, pharmaceutical companies are not solely responsible for the opioid crisis we're now experiencing. Physicians also share responsibility, but they need better tools to monitor the prescribing of opioids and other controlled substances for patients when treatment occurs in the hospital.

### Studies show opioid introduction happens largely in the hospital.



Until recently no system has giving docs easy visibility into **what** and **how much** is prescribed across each hospital stay.

### While checking the PDMP is important, it only provides the outpatient exposure.



IllumiCare's Controlled Substance App, which floats over the EMR within the Smart Ribbon, , combines **all** the controlled substance **tracking data** into one place for **quick reference**.

### A study featured in the Journal of Hospital Medicine made a surprising discovery



of non-surgical patients are administered opioid medications during their hospital stay.

&



surgical patients are administered opioid medications during their hospital stay.

### The Smart Ribbon can display opioid and other controlled substance data,



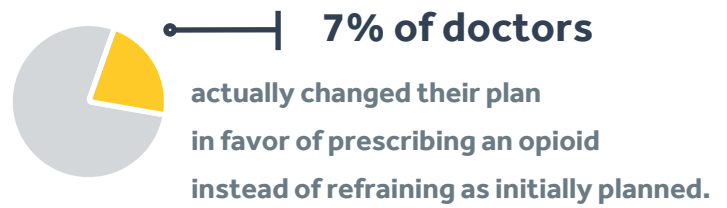
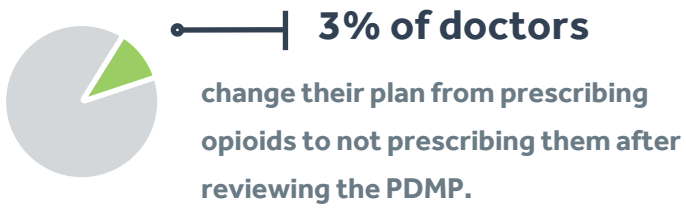
inpatient



outpatient

packaging **inpatient** and **outpatient** (PDMP) opioid prescription data into the Ribbon's easy-to-navigate format.

Emergency department physicians with access to only the state PDMP had no change in their prescribing habits 89 percent of the time.



The Smart Ribbon technology allows for the monitoring of peak opioid doses that need to be carefully tracked,



as administering more than **50-60 MMEs** is **highly sensitizing**

It also addresses how many MMEs the patient could be discharged with

based on the **exposure** from the **last 24 hours**.



**60 MMEs** in last 24hr

Bringing the ability to calculate MME into a hospital setting to see:



how many opioids a patient has received in the last **24** to **48** hours helps guide physicians

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7

in writing an appropriate **3-, 5-, or 10-day** prescription.

Sun	Mon	Tue
8	9	10

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