

THOMAS A. FARLEY, MD, MPH Health Commissioner CAROLINE C. JOHNSON, MD Deputy Health Commissioner KENDRA VINER, PHD, MPH Opioid Program Manager

Health Notification

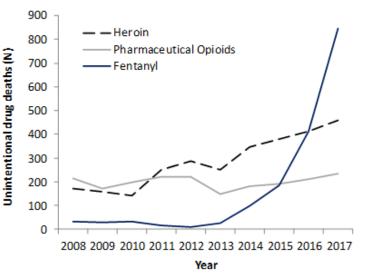
Recommendation to Implement Routine Fentanyl Testing in Hospital Emergency Departments October 30, 2018

Philadelphia continues to see a significant rise in unintentional drug overdose deaths, the majority of which are positive for opioids. In 2017, fentanyl surpassed heroin as the leading drug involved in overdose deaths, increasing from 57% of opioid-related deaths in 2016 to 84% in 2017 (Figure 1).

Given the pervasiveness and toxicity of this drug, the Philadelphia Department of Public Health (PDPH) is recommending routine fentanyl testing on all patients who are seen in Philadelphia hospital emergency departments (ED) for suspected drug-related overdose. This will help ongoing prevention and treatment efforts by:

1. **Improving clinical care:** Fentanyl is not detected on most standard urine

Figure 1. Opioid-related deaths by drug type, 2008-2017, Philadelphia



drug screens. Patients with a suspected drug overdose but negative drug screens may not receive appropriate and timely care if there is a delay before ED staff receive drug testing results. Such delays can lead to both missed opportunities for rapid treatment of opioid overdose and inappropriate treatment for other conditions.

- 2. **Improving understanding of fentanyl's contribution to drug-related hospitalizations.** Despite fentanyl's involvement in the majority of fatal overdose cases, health officials are limited in their understanding of this drug's role in non-fatal overdoses. Routine testing would allow decision-makers to more accurately measure the problem and inform intervention.
- 3. Alerting health officials to the potential involvement of other illicit drugs. If an individual is seen for a non-fatal overdose and is unresponsive to naloxone *and* the drug screen negative for fentanyl, this may alert hospital personnel to the potential involvement of non-opioid drugs. This is especially critical given the increased availability of other types of illicit drugs, such as synthetic cannabinoids, which are not easily identified.

PDPH recommends that all hospital laboratories implement fentanyl testing with a rapid turnaround, such as with an FDA-approved fentanyl immunoassay or rapid CLIA-waved point-of-care testing. There are several affordable and reliable rapid test options for health care facilities without the resources to set-up immunoassay-based testing. Please contact Dr. Jeffrey Hom at 215-686-5262 with any questions or concerns regarding the implementation of fentanyl testing in your facility.