Pain Management and Protocols

Joanne Whary, CRNP, MSN, FNP-PC

PSHMG – Fishburn Family Practice

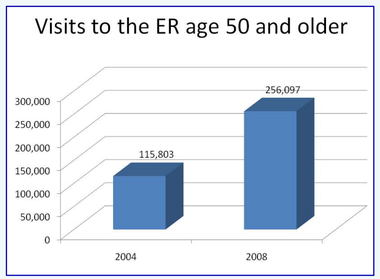
Penn State College of Medicine

Latest Statistics

- As of August 16, 2012, the latest data from the ***Drug Abuse Warning Network (DAWN)*** reported that Emergency Room visits involving misuse or abuse of pharmaceuticals had risen 98% between 2004 to 2009. The recorded number went from 627,291 visits to 1,244,279 in 2009.

Data

- ER visits involve adverse reaction to drugs taken as prescribed, misused, and abused.
- In 2004, 115,803 adults ages 50 and older had been seen in the ED. By 2008, the number had risen to 256,097. This is an increase of 121.1%
- One-fifth of this number had been patients 70 and older.
- In 2008, population 12 and younger numbered 211,209.



Non-Medical Use

- An estimated 5.2 million persons are current non-medical users of prescription pain relievers.
- 56.5% state that their primary source included a friend or relative, or a prescription from more than one doctor source.
- Only 4.1% obtained the drug from a dealer or over the internet.
- (SAMSHA- Substance Abuse and Mental Health Administration).

Opiates

- Opiate are substances that are derived from the opium plant. More than 20 distinct alkaloids can be obtained. The three main *phenanthrenes* are morphine, codeine, and thebaine.
- Opioids are drugs that have morphine-like properties (narcotics).

Pain Versus Stigma

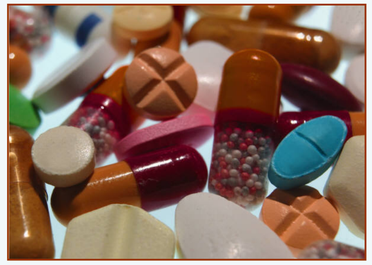
- "Nearly a third of Americans experience long-lasting pain –the kind that lingers for weeks to months- and feel the stigma rather than relief from a health care systems poorly prepared to treat them." (Institute of Medicine).
- Chronic pain costs 558 billion a year in medical bills, sick days, and lost productivity.
- Too many patients believe that "a pill is the answer".
- "Far more likely for the patient with pain to get inadequate care than for a drug-seeker to walk out with an inappropriate prescription."

Pain Control Issues

- Lack of Consistency in care, treatment, follow-up. pain management caused by different perceptions- too rigid or too flexible.
- Lack of prescriptive vigilance.
- Inadequate use of pain contracts.
- Failure to use urine screens.
- Prolonged length of treatment using chronic pain medications.
- Failure to implement pain management referrals.
- Non-adherence to office policy for refill requests.
- Lack of utilizing non-opioids and alternative medical therapy.
- Lack of consistency in reasons for dismissal.

Pain Control Guidelines

1. Prior to initiating chronic and /or short –term opioids, can the pain be treated with other medications or modalities?
   - Has a non-opioid been prescribed? Examples include NSAID's, acetaminophen, muscle relaxants, Neurontin.
   - Have alternative modalities been considered? Examples include acupuncture, massage, whirlpools, physical therapy.
   - Resources: American Pain Society, Up-to-Date, American Academy of Pain Medicine (www.painmed.org)



Key Provisions of New Pain Contract

- Has the patient receive a copy?
- Has the patient documented which pharmacy he/she uses?
- Has the patient been seen within the last three months?
- Has the patient agreed not to accept any narcotic and/or controlled substance from another physician?
- Has the patient been informed that he/she will phone PCP within one week to report an ER visit?
- Has the patient agreed to be responsible to make sure that he/she does not run out of medication on the weekend and holidays?
- Has the patient been informed that he/she will obtain refills during regular office hours. PCP may take up to 72 hours or three business days (M-F) to refill the medication?
- Has the patient agreed to keep the prescribed controlled medications in a safe place?
- Does the patient understand that the PCP will not supply additional refills if any of his/her medication is lost?
- Does the patient know that if a prescription is stolen the PCP will only refill the medication(s) if a copy of the police report has been provided?
- Does patient know that he/she will not give, sell, or trade prescriptions to anyone else?
- Does patient agree that the given information is correct?
- Has the patient consented to provide a urine screen as requested by PCP?
- Has the patient agreed to bring the medication(s0 for a requested pill count?
- Has the patient been informed that if his/her urine contains an illegal substance (i.e., marijuana, cocaine); then this action will be grounds for dismissal OR not prescriptions for narcotics will be given?
- Patient and provider signatures
- Date
- Copy placed in patient's electronic record

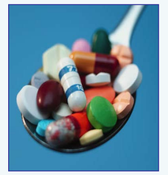
Urine Screens

- Remember that when interpreting the urine result, an important consideration is the window of detection for the drug(s) and their metabolites in urine.
- Detection times are determined by the time of the last administration of the drug.
- Remember that opioids have a short-half life and may not appear in the urine if the test is done several hours after the last dose. If kidney and/or liver disease is present may have an extended long half-life.

Standard Urine Panel

- Amphetamines
- Cocaine
- Marijuana (THC- tetrahydrocannabinol)
- Opiates (morphine and codeine)
- PCP-Phencycline
- REMEMBER: Order Oxycodone and Urine creatinine. (Flag if creatinine less than 20; suspect diversion).

Pain Control Guidelines



- Recognition
- Intervention
- Referral
- Treatment
- Outcome
- Prevention

Screening for Potential Abuse

- Do you have a history or been treated for drug dependence?
- Do any of your family members have a drug dependence?
- Are you taking any medication for sleep?
- Do you feel that you need more medicine to get the same relief
- Are you ever pain free?
- Have you ever been asked to give an urine test?
- Have you ever signed a pain contract
- Have you received a copy?
- Have you gone to another doctor for pain pills?
- Have you been diagnosed with anxiety, depression, or bipolar disorder.

Be Alert for Drug-Related Behaviors

- Use of opioids for non-analgesia indications
- Request for early refills
- Claims of "lost" or "stolen" prescriptions
- Reluctance to use non-pharmacological approaches
- Unwillingness to name a PCP
- Request a specific drug
- No interest in the physical exam, diagnostic testing or providing past medical records.

Grounds for Dismissal

- Known diversion
- Illegal internet pharmacies (hard to prove)
- Prescription forgery
- Doctor shopping
- More than one prescriber
- Illicit drug use (marijuana, cocaine ???)
- Drug theft (hard to verify)

Key Points

- Each patient has unique needs and requirements.
- Has the patient signed a pain agreement contract and received a copy?
- Has a standard care plan been considered to address chronic pain issues?
- Avoid manipulation; Be firm in requests
- Adhere to the current pain control guidelines set by office.

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