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PAIN MANAGEMENT AND PRESCRIBER GUIDELINES

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SCHEDULE II DRUGS


- Lowest Effective Dose and Frequency
 - Prescribe half doses at q6h
 - Work with a pain score; Don't aim for zero with opiates, just look for a significant drop
- Use a pain Management Strategy
 - Every patient
 - Multimodal; I hit every pathway possible
- Pain Control is good Operations Management
 - It's good quality control
 - Benefits patient relations and referral patterns

SCHEDULE II DRUGS; OUR OBLIGATIONS

- Explain why it's being prescribed, alternatives and risks
- Explain risks of addiction, dependence, and overdose
- Discuss Risks of combining with other drugs
- Discuss proper storage and removal



SCHEDULE II ALTERNATIVES FOR A MULTIMODAL APPROACH THAT EXCEEDS EVERYONE'S EXPECTATIONS

- NSAIDS Pre-treat if possible
 - Longer acting over ibuprofen
 - Celebrex; COX 2 inhibitor doesn't effect platelets
 - Acetomenaphen
 - Tizanidine
 - Alpha 2 Agonist
 - Tramadol
 - Neurontin
 - Ketamine
 - Steroids
 - Melatonin
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PRETREATMENT BENEFITS

- Enhanced local anesthetic effect
- Patient compliance
- Improved working conditions
- Patient satisfaction
- Cost effective
- Good operations management

INITIAL SCHEDULE II PRESCRIPTIONS; RESTRICTIONS APPLY

- May not be written for extended release or long acting opiates
- May not be for longer than a five day supply
 - Operations management and patient relations; requires being out front of any complications that arise

SUBSEQUENT SCHEDULE II PRESCRIPTIONS; RESTRICTIONS APPLY

- May not be written until the fourth day of a five day supply
- May not be for more than a 30 day supply
 - Referral to specialist, or pain management

THIRD SCHEDULE II PRESCRIPTION

- Enter into a pain management contract with the patient; a written contract outlining the patients rights and responsibilities.
- Discuss pain management modifiers like physical therapy, relaxation techniques, psychological counseling, or exercise.

THIRD SCHEDULE II PRESCRIPTIONS

- Discuss monitoring such as specimen screens and pill counts
- Review the process and document every three months; including the etiology of the pain and any change in clinical presentation
- Reassess for signs of addiction and dependence
- Make reasonable efforts to wean the patient from reliance on opiates for pain management.
- Refer patient to pain management or addiction specialist

CONSIDER AN ENLIGHTENED APPROACH

- Re-Considering other etiologies
- Yoga and PTSD
- “You can’t punish a patient for their disease”

EXCEPTIONS

- Cancer care
- Hospice or palliative care
- Residents in long term care
- Patients in treatment for opiate or substance abuse

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REFERENCES

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