

# SAFE PRESCRIBING FOR ACUTE PAIN



We care about you. Our goal is to treat your medical conditions, including pain, effectively, safely and in the right way. Pain relief treatment can be complicated. Misusing pain medicine can cause serious health problems and possibly death.

For your SAFETY, we routinely follow these best practices when helping you with your pain:

## Carefully consider whether initiating opioid therapy is necessary.

### A. Avoid prescribing for conditions where opioids are rarely indicated.

Conditions that do not indicate opioids:

- Headache
- Self-limited illness, i.e., sore throat
- Uncomplicated back and neck pain
- Uncomplicated musculoskeletal pain

Modalities:

Regular Walking	Massage
Physical Therapy	Mindfulness
Heat/Ice	Core isometric exercises
Acupuncture	Reflex zone therapy
Yoga	Aromatherapy
Pilates	

### B. Use alternative treatment modalities and non-opioid and non-pharmacological treatments for acute pain.

Patient Instructions:

- Activity modification
- Sitting/Driving precautions (ergonomics)
- Avoid painful lifting & carrying
- Supportive shoes for standing & walking
- Lumbar Sacral corset

Topical Analgesics:

Capsaicin	Topical Diclofenac
Menthol	Ketoprofen
Lidocaine patches/gels	Salicylic Acid

Non-opioid Pharmacological:

NSAIDs	Neuropathic pain agents
Tylenol	
Steroids	

If you need help with substance abuse or addiction, please call:

**1-800-662-HELP (4357)**

for confidential referral and treatment

Substance Abuse and Mental Health Services Administration (SAMHSA) National Helpline

Risk of Abuse, Use with Caution:

Muscle Relaxants	Sleeping Pills
Benzodiazepines	Gabapentin

To determine eligibility and benefits, check with the patient's insurance provider; contact information should be listed on the back of the patient's insurance card. It is recommended that, when possible, physicians check payor websites to verify benefits in writing.

## Assess risk.

### A. Review patient's medical history for risks of complications or dependence.

There are numerous screens available to assess risk of potential opioid misuses and abuse. Common risk factors included in most screening tools include:

- History of substance use disorder
- History of mental illness (especially if history includes psychotropic medications)

Consider using a validated screening tool as well; examples can be found at [www.EastBaySafeRx.org](http://www.EastBaySafeRx.org).

### B. Check CURES when initiating opioid therapy.

Guidance for checking CURES:

- Per SB 482 (effective October 2, 2018) prescriber should review patient's medication history:
  - No earlier than 24 hours before prescribing a schedule II, III, or IV drug to a patient for the first time.
  - Once every 4 months after initial prescription if the drug remains part of their treatment plan.

Exemptions include:

- Inaccurate or incomplete info in CURES
- For use only on facility premises
- Hospice care
- For surgical procedure ( $\leq$  5 day non-refillable)

For updates and assistance with CURES, go to [www.EastBaySafeRx.org](http://www.EastBaySafeRx.org).

## If opioids are needed, prescribe minimum amount to achieve functional improvement.

### A. Opioids should be sufficient in managing acute pain to the point of being able to use only non-opioid treatments.

Opioid dose and duration should be the minimum necessary to manage acute pain:

- Do not prescribe Extended Release/Long Acting opioids for acute pain.
- Per the 2016 CDC Guidelines, carefully reassess evidence of individual benefits and risks when

considering increasing dosage to  $\geq$ 50 morphine milligram equivalents (MME)/day, and should avoid increasing dosage to  $\geq$ 90 MME/day or carefully justify a decision to titrate dosage to  $\geq$ 90 MME/day.

- Expect patients to improve in function and pain and resume their normal activities in a matter of days to weeks after an acute pain episode. Strongly consider re-evaluation for those who do not follow the normal course of recovery.

- Assess function and pain at baseline and with each follow-up visit when opioids are prescribed, and document clinically meaningful improvement in function and pain using validated tools (e.g. PEG screening tool, Oswestry Disability Index Score).
- Taper the patient off opioids as early as is feasible by transitioning to non-opioid treatments.

For examples of screening tools, go to [www.EastBaySafeRx.org](http://www.EastBaySafeRx.org).

## Inform patient about safe storage and disposal practices.

### A. Safe Storage

Per the National Safety Council, opioid medications need to be stored securely, preferably locked up just the way a firearm would be kept at home:

- Choose a location at home that is up and away and out of sight of children and visitors. Install a lock or use a locking medicine cabinet.
- Return medication to its secure location after every use. Avoid leaving medication or pill containers on countertops, tables or nightstands in open view where others can easily access them.
- Do not keep loose pills in easily opened plastic

bags or containers in a purse, luggage or office drawer. Locking travel cases are available to carry prescription medicines.

### B. Safe Disposal

Per the National Safety Council, once an individual is finished taking an opioid painkiller, they should promptly dispose of them and not keep these medications for "later."

- Take-back programs and events allow the public to bring unused drugs to a central location for proper disposal.
- Many pharmacies keep drug disposal bins in

store or offer mail-back programs where you can pick up a drug disposal envelope at their nearest store. Most pharmacies charge a small fee for a postage-paid envelope.

- Avoid flushing prescriptions down the toilet or pouring in a drain because they can pollute water supplies. In some states, it is illegal to flush any medications.

For links to local disposal sites, visit [www.EastBaySafeRx.org](http://www.EastBaySafeRx.org).

## Help manage patient expectations.

### A. Educate patients about the role of opioids as a short-term therapy to help bridge the most acute pain.

- Consider using a patient agreement that includes the following elements whenever prescribing opioids:
  - Discuss the risks and benefits of opioid treatment.

- Carefully outline the intended treatment plan.
- Establish clear expectations of treatment and improvement.

### B. Engage patients in establishing reasonable goals and expectations around their care.

- Consider learning the following techniques to engage patients in conversation about their care:

- Motivational Interviewing (MI)
- Client-Centered Counseling
- Shared Decision Making

For more information about these techniques, visit [www.EastBaySafeRx.org](http://www.EastBaySafeRx.org).

East Bay  
Safe Prescribing  
Coalition



[www.acma.org](http://www.acma.org)

For the expanded online version, go to [www.EastBaySafeRx.org](http://www.EastBaySafeRx.org).