

## STANDING ORDER FOR PAIN MANAGEMENT (OPIATE MEDICATIONS)

### POLICY:

Under this standing order medical assistants and RNs with proper training may support the care of patients who use opiates for chronic pain.

### PURPOSE:

Chronic pain leads to physiological issues other than physical discomfort. Cure of chronic pain is rarely achieved, but much can be done to reduce suffering and improve quality of life [1]. Long-term use of opiate medications has certain risks; clinics with standardized approaches and protocols can decrease the risk of abuse and harm, and ensure a better experience for patients and staff.

### PROCEDURE:

#### INITIAL VISIT

1. Medical assistant role for **new** patients:
  - a. Ask patients for records from previous prescriber. If the patient does not have them, give the patient a form to fill out (record release) to ensure records are obtained. Inform patient it is their responsibility to obtain records.
  - b. Collect basic information and document in progress note:
    - i. Name and contact information for previous prescriber of opiate medications, date of last prescription, and pharmacy
    - ii. Current complete medication list with doses
    - iii. What treatments have been used for pain (include physical therapy, specialists, alternative medicine providers)
    - iv. Other medical problems/diagnoses
  - c. Ask patient to leave a urine sample (explain that it is a routine procedure for all patients who receive opiate medications).
  - d. Give patient a copy of the pain management agreement/informed consent to review and sign.
  - e. Ask provider if they would like you to call pharmacy to confirm date, amount, and prescriber for recent opiate medications.
2. Medical assistant role for **existing** patients on follow-up visits:
  - a. Ask all patients to leave a urine sample before seeing the provider.
    - a. Rationale: decreases the possibility of patients stating "I just used the restroom" and not being able to collect a urine drug screen.
    - b. Decreases the feel of a urine drug screen being punitive (since leaving urine is part of every routine visit).
    - c. If >12 months since last urine drug screen, MA should fill out the lab order

[1] Chou R, Huffman LH (2007). "Ann Intern Med. 2007 Oct 2;147(7):505-14". Annals of internal medicine 147 (7): 505–14.

