

## NWFMR Policy #13: Prescription Opioid Guideline

The intent of this guideline is to provide a standardized approach for usage of opioid/narcotic medications within our Family Medicine Practice. While this document is based upon “best practices” according to CDC Guidelines, Washington State Guidelines, and the *Six Building Blocks for Safe and Effective Opioid Prescribing*, every physician, nurse practitioner, and physician assistant should exercise her/his clinical judgment during patient care. When/If deviation(s) from the guideline occur, it is incumbent upon the prescriber to provide justification for such deviation...demonstrating need for an approach to care outside the guideline.

### Physicians, Nurse Practitioners, and Physician Assistants within Northwest Washington Family Medicine Residency Practice:

1. **Should Not** prescribe opiate medications at a “new-patient” visit.
2. **Should Not** prescribe opiates for any residency employee unless that employee is the empanelled patient of the prescriber.
3. **Should Not** use long-acting opioids for treatment of acute pain.
  - a. *MS Contin, OxyContin, Opana, XTampa, and Fentanyl Transdermal are examples of “long-acting opioids.”*
4. **Should Not** initiate treatment with opiate medications without reviewing the Washington State Prescription Monitoring Program report for her/his patient.
5. **Should Not** prescribe long-term opioid therapy in patients with substance use disorders.
6. **Should Not** prescribe opiate and benzodiazepine medications concurrently.
7. **Should** initiate taper to discontinue one, or both, medications if patients ARE using benzodiazepine and opiate medications concurrently.
8. **Should** use non-opioid medications and therapies as first-line treatment for mild and moderate acute pain.
  - a. *NSAIDs, Acetaminophen, Physical Therapy Referral, Massage Therapy Referral, Sports Medicine Referral, Behavioral Health Referral, and Physical Medicine Referral are examples of such treatments.*
9. **Should**, when opioids are indicated for acute pain, initiate therapy at the lowest effective dose for no longer than a 3 day duration.
10. **Should** reassess the patient if pain persists beyond the 3 day duration and document rationale for continued opioid therapy.
11. **Should** prescribe self-management strategies, non-pharmacologic treatments, and non-opioid medications as the preferred treatment for chronic pain.
12. **Should** avoid initiation of Long-Term Opioid Therapy for most patients with non-cancer chronic pain.
  - a. *“Long-Term Opioid Therapy” is defined as treatment with scheduled opiate medication > 30 days*
  - b. *“Long-Term Opioid Therapy” includes usage of either short-acting or long-acting medication preparations.*

13. **Should** prescribe opiates at the lowest possible dose and for the shortest possible time if Long-Term Opiate Therapy is required.
14. **Should** document informed consent which includes the risks of opioid use, options for alternative therapies, and therapeutic boundaries for patients maintained on long-term opioid therapy
15. **Should** review annually with patients the risks, benefits and alternatives to treatment with Long-Term Opioid Therapy.
  - a. *The NWFMR Prescription Opioid Agreement should be re-signed.*
  - b. *The patient's presence on the Chronic Opioid Treatment Registry should be verified.*
16. **Should** limit opiate prescriptions to <50 Morphine Equivalents Daily.
17. **Should** refer patients to a Pain Management Specialty Clinic if therapy  $\geq$ 90 Morphine Equivalents Daily.
18. **Should** discuss reproductive plans, contraceptive options, and the risk of neonatal abstinence syndrome when using Opioid Therapy for women of reproductive age.
19. **Should**, at face-to-face visits, document re-evaluation of patients on long-term opioid therapy at least every 90 days for functional improvements, substance use, high-risk behaviors, PDMP checks, and performance of urine drug tests.
20. **Should** assess and treat appropriately co-morbid mental health conditions contributing to opioid misuse risk.
  - a. *Treatment may include initiation of therapy with medication, referral for evaluation/treatment with NWFMR Behavioral Health, and/or referral for evaluation/treatment with an outside Mental Health Specialist.*

# Functional Improvement Symptom Tracker

## **Pain Intensity**

- (0) My pain is mild to moderate; I do not need painkillers.
- (1) My pain is severe, but I manage without taking painkillers.
- (2) My pain is severe, and painkillers give me complete relief.
- (3) My pain is severe, and painkillers give me some relief.
- (4) My pain is severe, and painkillers give me no relief.

## **Personal Care**

- (0) I can look after myself normally.
- (1) I can look after myself normally, but it causes additional pain.
- (2) I need some help to manage some personal care.
- (3) I need help every day to manage most aspects of my self-care.
- (4) I cannot get dressed. I wash with difficulty and stay in bed.

## **Lifting**

- (0) I can lift weights of 15-20 pounds without causing pain.
- (1) I can lift weights of 15-20 pounds, but it causes more pain.
- (2) I cannot lift weights of 15-20 pounds off the floor.
- (3) I cannot lift weights of 5-10 pounds.
- (4) I cannot lift or carry anything at all.

## **Walking**

- (0) I can walk as far as I wish without extra pain.
- (1) Pain prevents me from walking more than 1 mile.
- (2) Pain prevents me from walking more than ½ mile.
- (3) Pain prevents me from walking more than ¼ mile.
- (4) I cannot walk without a cane, a walker, or crutches.
- (5) I cannot walk and spend most days in bed or a chair.

## **Sitting**

- (0) I can sit in any chair for as long as I like without extra pain.
- (1) I can sit in my favorite chair only, but for as long as I like.
- (2) Pain prevents me from sitting more than 1 hour.
- (3) Pain prevents me from sitting more than ½ hour.
- (4) Pain prevents me from sitting more than 10 minutes.
- (5) Pain prevents me from sitting at all.

## **Standing**

- (0) I can stand as long as I want without extra pain.
- (1) I can stand as long as I want, but it causes extra pain.
- (2) Pain prevents me from standing for more than 1 hour.
- (3) Pain prevents me from standing for more than ½ hour.
- (4) Pain prevents me from standing for more than 10 minutes.

## **Sleeping**

- (0) Pain does not prevent me from sleeping well.
- (1) I sleep well, but only when taking medication.
- (2) Even when I take medication, pain keeps me from sleeping more than 8 hours.
- (3) Even when I take medication, pain keeps me from sleeping more than 4 hours.
- (4) Even when I take medication pain keeps me from sleeping more than 2 hours.
- (5) Pain keeps me from sleeping at all.

## **Social Life**

- (0) My social life is normal and causes me no extra pain.
- (1) My social life is normal but causes me extra pain.
- (2) Pain affects my social life by limiting some activities like dancing, sports, etc.
- (3) Pain affects my social life, and I do not go out often.
- (4) Pain has restricted my social life to home.
- (5) I have no social life because of pain.

**Traveling**

- (0) I can travel anywhere without extra pain.
- (1) I can travel anywhere, but it gives me extra pain.
- (2) Pain limits my travel time to about 2 hours.
- (3) Pain limits my travel time to about 1 hour.
- (4) Pain limits my travel time to less than ½ hour.
- (5) Pain prevents travel except to the doctor/hospital.

**Changing Degree of Pain**

- (0) My pain is getting better quickly.
- (1) My pain changes from day to day, but overall is getting better.
- (2) My pain seems to be getting better but improvement is very slow.
- (3) My pain is no better and no worse.
- (4) My pain is gradually getting worse.
- (5) My pain is quickly getting worse.

**Side Effects**

- (1) In the past 2 weeks, my pain medications have caused me to lose interest in usual activities.
- (1) In the past 2 weeks, my pain medications have caused me to have trouble concentrating.
- (1) In the past 2 weeks, my pain medications have caused me to feel slow or sluggish.
- (1) In the past 2 weeks, my pain medications have caused me to feel depressed, down, or anxious.
- (1) In the past 2 weeks, my pain medications have caused problems with my family, work, or social life.

Total Score: \_\_\_\_\_