Proper Prescribing

Key points:
1. Treat pain appropriately
2. Document appropriately
3. You can say no
4. Set office policies and state on first visit

Cover During Clinic Visit:
✓ Listen & be respectful
✓ Identify chief complaint
✓ Assess pain:
   • Location & radiation
   • Quality (pain scale)
   • Severity
   • Worsening/alleviating symptoms
   • Co-morbid conditions (anxiety, depression, etc.)
   • Limitations in ADLS and sleep
   • Previous work up
✓ Assess current use of medications to control pain
✓ Any adverse behaviors or SE from controlled substances in the past
✓ Screen for substance abuse using SBIRT if (+): Patient and family history of drug use, addiction, abuse:
   • Tobacco & Marijuana
   • ETOH
   • Cocaine, crack, LSD, heroin, etc.
   • Narcotics and other controlled substances
✓ Physical Exam

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Definition and Components of SBIRT

<table>
<thead>
<tr>
<th>S</th>
<th>Screening – Screening patients at risk for substance abuse; inquiring about family history of addiction; using screening tools such as the NIAA 1-question screening tool for alcohol use, AUDIT, CAGE, CRAFT for adolescents, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>BI</td>
<td>Brief Intervention - Establish rapport with pt; ask permission; raise subject; explore pros/cons; explore discrepancies in goals; assess readiness to change; explore options for change; negotiate a plan for change- (motivational interviewing)</td>
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<tr>
<td>RT</td>
<td>Referral to Treatment – For patients responding positively to the screening tests, refer to AA, drug addiction clinic, pain clinic, counseling, etc.</td>
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Documentation:
- History
- Physical
- Testing and results
- Informed consent
- Management plan
- Medications
- Compliance
- Response
- Four A’s
- Follow up

Four A’s:
- Analgesia
- Activities
- Adverse Events
- Aberrant Drug-Related Behaviors

Adjunct & Optional Therapies:
- Acetaminophen
- Gabapentin
- Accupuncture
- NSAIDs
- (Neurontin)
- Chiropractor
- SSRIs/SNRIs
- Bisphosphonates
- Neutraceuticals
- Tramadol (Ultram)
- Pregabalin (Lyrica)
- Exercise/PT
- TCAs
- Valproate (Depakote)
- TENS unit

Office Plans:
1. State office policy
2. Educate pt on use/addiction of narcotics
3. Discuss indications or lack of indications for narcotics
4. Discuss pain management plan

Using Narcotics:
1. Discuss plan of use
2. If chronic use, complete controlled substance contract
3. Photo copy information – Driver’s license
4. Discuss monitoring (DEA registry, Kasper, drug screens, etc.)

Drug Seeking Behaviors:
1. Transient-passing through town
2. Asks for last appointments
3. Assertive personality/demanding
4. Excessive knowledge of narcotics
5. Textbook presentations
6. Unwilling to provide references
7. Does not have regular PCP
8. Reluctant to try other pain meds
9. Shows no interest in medical diagnosis
10. Cutaneous signs of drug use

Resources to help:
1. Physician health programs
2. Tennessee Medical Association
3. Alliance of State Monitoring Programs: http://www.pmpalliance.org/content/state-pmp-web-sites

Pocket Card
(Cut out and fold into 3 sections)
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  - Worsening/alleviating symptoms
  - Co-morbid conditions (anxiety, depression, etc.)
- Assess current use of medications to control pain
- Assess use of illicit drugs, alcohol or narcotics to control pain
- Any adverse behaviors or SE from controlled substances in the past
- Patient and family history of drug use, addiction, abuse:
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  - Cocaine, crack, LSD, heroin, etc.
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2. Tennessee Medical Association
   www.tnmed.org

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