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OPINION: PAIN MANAGEMENT
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Practice & Education Committee

An advisory opinion adopted by WSBN is an interpretation of what the law requires. While an advisory opinion is not law, it is more than a recommendation. In other words, an advisory opinion is an official opinion of WSBN regarding the practice of nursing as it relates to the functions of nursing. Facility policies may restrict practice further in their setting and/or require additional expectations related to competency, validation, training and supervision to assure the safety of their patient population and/or decrease risk.

Within the Scope of Practice/Role of _X__APRN ____RN ___LPN ___CNA

ADVISORY OPINION
PAIN MANAGEMENT GUIDELIINES

In accordance with Wyo. Stat. Ann. § 33-21-122(c)(iii) of the Wyoming Nursing Practice Act (NPA), the Wyoming State Board of Nursing (WSBN) has approved the following Advisory Opinion on Pain Management.

WSBN adopts and incorporates herein by reference the Wyoming Health Care Licensing Boards' Uniform Policy for the Use of Controlled Substances in the Treatment of Pain (see attached).

Wyoming Online Prescription Database (WORx)
Another invaluable tool for Advanced Practice Registered Nurses (APRNs) is the state Board of Pharmacy's Online Prescription Database. Go to worxpdmp.com and register as a prescriber so you may receive patient profiles. Alternatively, you may complete the Wyoming Board of Pharmacy request form and submit via mail or fax. Upon receipt, the Board of Pharmacy will provide a prescription profile for your patient, indicating all controlled substances dispensed by Wyoming pharmacies to him or her, and the prescriber who wrote the prescriptions. For more details, contact the Board of Pharmacy at 307-634-9636 or at BOP@wyo.gov.

WSBN strongly encourages APRNs to use the WORx when beginning any controlled substance treatment for a patient, and to regularly obtain WORx reports on patients who are on long-term controlled substance prescriptions. The Board considers use of the WORx to monitor patients' controlled substance prescriptions to be part of the standard of care. Failure to make use of this important tool can expose a prescriber to charges of failure to meet the standard of care.

PRACTICAL GUIDELINES FOR PRESCRIBING

In addition, WSBN recommends that APRNs follow these guidelines when prescribing controlled substances outlined here and in the Wyoming Rx Abuse Stakeholders Chronic Pain Management Toolkit (located on the WSBN website):

1. Does the record contain an **adequate history and physical** including assessments of pain and physical and psychological function? An inquiry into substance abuse history, if any, is helpful as are an assessment of underlying and co-existing diseases and conditions, and a review of any recognized medical indication for controlled substances. Additionally, the Board will look to whether attempts have been made to maintain the patient on the lowest dose possible to achieve relief and improve function.

2. Is there a **treatment plan with objective criteria** by which progress, if any, can be measured? Although physicians and physician assistants tailor pain relief to the individual needs of each patient, goals such as pain relief and/or improved physical and psychosocial function should be included and progress towards these goals monitored.

3. Have you thoroughly **discussed and documented the risks** of controlled substances?

4. Have you **periodically reviewed the course of treatment**? Any new information should be added to the record as should appropriate assessment of continued treatment and necessity of trial of other modalities.

5. Has there been **documented consultation where appropriate**? The treating APRN should be willing to refer the patient for necessary evaluation and treatment to achieve goals of the treatment plan. APRNs should also pay special attention to patients at risk of misuse, diversion and/or past or potential substance abuse disorders. APRNs should **also ascertain, if possible, whether the patient is currently receiving prescriptions for controlled substances from other prescribers** – including dentists, physicians, physician assistants, and others.

6. **Document, document, document**. The more thorough and detailed the records kept on these patients, the more easily and confidently a physician or physician assistant may respond to any inquiry regarding prescription of controlled substances and treatment.

7. Ensure that you are in **compliance with federal and state controlled substance laws and regulations**. To prescribe controlled substances, an APRN must hold a valid license with prescriptive authority in Wyoming, possess a controlled substance certificate and comply with Federal and State regulations for issuing controlled substance prescriptions.

A WORD ABOUT "PAIN CONTRACTS"

Many providers require patients who are receiving controlled substances over an extended period of time for chronic pain management to enter a "pain contract." The contract details the prescriber's expectations of the patient, including disclosure of any controlled substances that the patient receives from other prescribers. The patient is also put on notice that he or she may be subject to random drug testing, and that violations of the terms of the contract can lead to termination of the physician-patient relationship.

While a pain contract may not be "enforceable" agreement in the way a business contract is, it serves as evidence that the APRN has fully informed and obtained consent from the patient about the prescriber's expectations and the dangers and risks of controlled substances. It also provides an APRN with a solid basis for terminating the APRN-patient relationship for non-compliance, should that become necessary.

Wyoming Health Care Licensing Boards' Uniform Policy for the Use of Controlled Substances in the Treatment of Pain

Section I: Preamble

The Wyoming state boards of Medicine, Nursing, Dental Examiners, Pharmacy, Podiatry, Optometry, and Veterinary Medicine1 ("the Boards"), recognize that principles of quality health care practice dictate that the people of the State of Wyoming have access to appropriate and effective pain relief. The appropriate application of up-to-date knowledge and treatment modalities can serve to improve the quality of life for those patients who suffer from pain as well as reduce the morbidity and costs associated with untreated or inappropriately treated pain. For the purposes of this policy, the inappropriate treatment of pain includes nontreatment, undertreatment, overtreatment, and the continued use of ineffective treatments.

The diagnosis and treatment of pain is integral to the provision of health care. The Boards encourage all prescribers to view pain management as a part of quality practice for all patients with pain, acute or chronic, and it is especially urgent for patients who experience pain as a result of terminal illness. All prescribers should become knowledgeable about assessing patients' pain and effective methods of pain treatment, as well as statutory and regulatory requirements for prescribing controlled substances.

Accordingly, this policy has been developed to clarify the Boards' position on pain control, particularly as related to the use of controlled substances, to alleviate prescriber uncertainty, and to encourage better pain management.

Inappropriate pain treatment may result from prescribers' lack of knowledge about pain management. Fears of investigation or sanction by federal, state and local agencies may also result in inappropriate treatment of pain. Appropriate pain management is the treating prescriber's responsibility. As such, the Boards will consider the inappropriate treatment of pain to be a departure from standards of practice and will investigate such allegations, recognizing that some types of pain cannot be completely relieved, and taking into account whether the treatment is appropriate for the diagnosis.

The Boards recognize that controlled substances, including opioid analgesics, may be essential in the treatment of acute pain due to trauma or surgery and chronic pain, whether due to cancer or non-cancer origins. The Boards will refer to current clinical practice guidelines appropriate to the prescriber's profession and practice, as well as expert review, in approaching cases involving

[1] This Policy is specifically applicable to the treatment of pain in human patients. Because of the very real possibility of diversion of pain medications properly prescribed for use in animals to improper use by humans, however, the Wyoming Board of Veterinary Medicine has adopted this Policy to provide guidance to veterinarians in their practice.

management of pain. The management of pain should consider current clinical knowledge and scientific research and the use of pharmacologic and nonpharmacologic modalities according to the judgment of the prescriber. Pain should be assessed and treated promptly, and the quantity and frequency of doses should be adjusted according to the intensity, duration of the pain, and treatment outcomes. Prescribers should recognize that tolerance and physical dependence are normal consequences of sustained use of opioid analgesics and are not the same as addiction.

The Boards are obligated under the laws of the State of Wyoming to protect the public health and safety. The Boards recognize that the use of opioid analgesics for other than legitimate purposes poses a threat to the individual and society and that the inappropriate prescribing of controlled substances, including opioid analgesics, may lead to drug diversion and abuse by individuals who seek them for other than legitimate use. Accordingly, the Boards expect that prescribers will incorporate safeguards into their practices to minimize the potential for the abuse and diversion of controlled substances.

Prescribers should not fear disciplinary action from the Boards for ordering, prescribing, dispensing or administering controlled substances, including opioid analgesics, for a legitimate purpose and in the course of professional practice. The Boards will consider prescribing, ordering, dispensing or administering controlled substances for pain to be for a legitimate purpose if based on sound clinical judgment. All such prescribing must be based on clear documentation of unrelieved pain. To be within the usual course of professional practice, a prescriber-patient relationship must exist and the prescribing should be based on a diagnosis and documentation of unrelieved pain. Compliance with applicable state or federal law is required.

The Boards will judge the validity of the prescriber's treatment of the patient based on available documentation, rather than solely on the quantity and duration of medication administration. The goal is to control the patient's pain while effectively addressing other aspects of the patient's functioning including, but not limited to, physical, psychological, social and work-related factors. This reliance upon the record to support the use of pain medications makes it critical for prescribers to thoroughly document the patient's care and treatment.

Allegations of inappropriate pain management will be evaluated on an individual basis. The Boards will not take disciplinary action against prescribers for deviating from this policy when contemporaneous medical records document reasonable cause for deviation. A prescriber's conduct will be evaluated to a great extent by the outcome of pain treatment, recognizing that some types of pain cannot be completely relieved, and by taking into account whether the drug used is appropriate for the diagnosis, as well as improvement in patient functioning and/or quality of life.

Section II: Guidelines

The Boards have adopted the following criteria when evaluating prescribers' treatment of pain, including the use of controlled substances:

1. **Evaluation of the Patient**—A patient history and physical examination must be obtained, evaluated, and documented in the medical record. The medical record should document the nature and intensity of the pain, current and past treatments for pain, underlying or coexisting diseases or conditions, the effect of the pain on physical and psychological function, and history of substance abuse. The medical record also should document the presence of one or more recognized medical indications for the use of a controlled substance.

2. **Treatment Plan**—The written treatment plan should state objectives that will be used to determine treatment success, such as pain relief and improved physical and psychosocial function, and should indicate if any further diagnostic evaluations or other treatments are planned. After treatment begins, the prescriber should adjust drug therapy to the individual medical needs of each patient. Other treatment modalities or a rehabilitation program may be necessary depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment.

3. **Informed Consent and Agreement for Treatment**—The prescriber should discuss the risks and benefits of the use of controlled substances with the patient, persons designated by the patient, or with the patient's surrogate or guardian if the patient is without decision-making capacity. The patient should receive prescriptions from one prescriber and one pharmacy whenever possible. If the patient is at high risk for medication abuse or has a history of substance abuse, the prescriber should strongly consider the use of a written agreement between prescriber and patient outlining patient responsibilities including, where appropriate:

a) urine/serum medication levels screening when requested;

b) number and frequency of all prescription refills; and

c) reasons for which drug therapy may be discontinued (e.g., violation of agreement).

4. **Periodic Review**—The prescriber should periodically review the course of pain treatment and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of controlled substances for pain management therapy depends on the prescriber's evaluation of progress toward treatment objectives. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Objective evidence of improved or diminished function should be monitored and information from family members or other caregivers should be considered in determining the patient's response to treatment. If the patient's progress is unsatisfactory, the prescriber should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities.

5. **Consultation**—The prescriber should be willing to refer the patient as necessary for additional evaluation and treatment in order to achieve treatment objectives. Special attention should be given to those patients with pain who are at risk for medication misuse, abuse or diversion. The management of pain in patients with a history of substance abuse or with a comorbid psychiatric disorder may require extra care, monitoring, documentation and consultation with or referral to an expert in the management of such patients.

6. **Medical Records**—The prescriber should keep accurate and complete records to include

a) the patient's history and physical examination,
b) diagnostic, therapeutic and laboratory results,
c) evaluations and consultations,
d) treatment objectives,
e) discussion of risks and benefits,
f) informed consent,
g) treatments,
h) medications (including date, type, dosage and quantity prescribed),
i) instructions and agreements, and
j) periodic reviews.

Records should remain current and be maintained in an accessible manner and readily available for review.

7. **Compliance With Controlled Substances Laws and Regulations**—To prescribe, dispense or administer controlled substances, the prescriber must be licensed in Wyoming and comply with applicable federal and state laws and regulations. Prescribers are referred to the Physicians Manual of the U.S. Drug Enforcement Administration (and any relevant documents issued by the Boards) for specific rules governing controlled substances as well as applicable state regulations.

Section III: Definitions

For the purposes of these guidelines, the following terms are defined as follows:

Acute Pain—Acute pain is the normal, predicted physiological response to a noxious chemical, thermal or mechanical stimulus and typically is associated with invasive procedures, trauma and disease. It is generally time-limited.

Addiction—Addiction is a primary, chronic, neurobiologic disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that include the following: impaired control over drug use, craving, compulsive use, and continued use despite harm. Physical dependence and tolerance are normal physiological consequences of extended opioid therapy for pain and are not the same as addiction.

Chronic Pain—Chronic pain is a state in which pain persists beyond the usual course of an acute disease or healing of an injury, or that may or may not be associated with an acute or chronic pathologic process that causes continuous or intermittent pain over months or years.

Medical Records—Patient-specific records maintained by a prescriber in the course of his or her practice.

Pain—An unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.

Physical Dependence—Physical dependence is a state of adaptation that is manifested by drug class-specific signs and symptoms that can be produced by abrupt cessation, rapid dose reduction, decreasing blood level of the drug, and/or administration of an antagonist. Physical dependence, by itself, does not equate with addiction.

Prescriber—A person properly licensed or approved by one or more of the Boards to prescribe controlled substances.

Prescriber/Patient Relationship—An established, documented professional treatment relationship established between a patient and a prescriber.

Pseudoaddiction—The iatrogenic syndrome resulting from the misinterpretation of relief-seeking behaviors as though they are drug-seeking behaviors that are commonly seen with addiction. The relief-seeking behaviors resolve upon institution of effective analgesic therapy.

Substance Abuse—Substance abuse is the use of any substance(s) for nontherapeutic purposes or use of medication for purposes other than those for which it is prescribed.

Tolerance—Tolerance is a physiologic state resulting from regular use of a drug in which an increased dosage is needed to produce a specific effect, or a reduced effect is observed with a

constant dose over time. Tolerance may or may not be evident during opioid treatment and does not equate with addiction.