Narcotic Management for Patients with Chronic Non-Malignant Pain

*Pain not related to cancer which persists beyond the usual course of an acute disease or the healing of an injury. It may or may not be associated with a pathologic process (acute or chronic) that causes intermittent pain over months or years. Acute pain is described as something which is "time-limited, often <3-months in duration and usually <6-months (WAC 246-919-852)."

**The history should include:**
2. Any comorbidities (risk screening).
4. A review of pain-related issues including:
   - Nature and intensity of the pain
   - Effect of pain on physical and psychological function
5. List of the patient’s medications, including their indications, date, type, dosage, and quantity prescribed.

**The assessment should include:**
1. A physical examination.
3. The presence of one or more indications for the use of pain medications.

**Documentation should include:**
1. Diagnosis.
2. Treatment plan.
3. Medications prescribed.
4. Instructions to the patient.

**OPIOID DOSE CALCULATOR**
Direct dose conversion to the morphine equivalent dose (MED) (Note: reduce dose by 25% when converting from one opioid to another).

**Determine risk level for abuse, misuse, or addiction**
ORT (to assess baseline risk), PHQ-9, STOP BANG, UDS PtProtect Pain Management Panel 36286, Medical Records Review (Past behavior is best predictor of future behavior) Use Provider Tool Kit

**Follow-Up UDS and Risk Reassessment Visit Schedule**
- High Risk: Q1-3 months
- Moderate Risk: Q3-6 months
- Low Risk: Q6-12 months

**Patient Reassessment**
1. Administer the COMM or SOAPP-R (to assess ongoing risk)
2. Structured Assessment
   - Analgesia (pain level)
   - Activities (functional goals and level)
   - Adverse effects
   - Aberrancy
3. Re-Evaluation of Narcotic Management Plan
   - Continue without change.
   - Adjust the dose regimen.
   - Add/Replace with a long-acting agent.
   - Rotate to another narcotic.
4. Discontinue narcotic therapy
5. Consider Alternative Treatments
   - Physical therapy/acupuncture
   - Pain psychology
   - Nutrition/Exercise
   - Elimination diet
   - Neuroleptics/Tricyclics
6. PH Drug Monitoring Program

**Review State Prescribing Policies**

**Algorithm last updated: 10.10.14**