UMA Foundation

Extending the Reach of the Healer's Hand

Acute Pain

Treatment Recommendations

Controlled Substances: Education for the Prescriber

Module 4 – Treating Pain with Less Risk

Acute Recommendation #1: Severity of Pain and Non-opioid Treatments
Use opioids to treat acute pain only when the severity of the pain warrants that choice and after consideration and implementation of other non-opioid pain medications and treatments, including NSAIDs and acetaminophen. Weaker opioids are preferred over stronger opioids.

Acute Recommendation #2: Utah's Controlled Substance Database (CSD)
Check the State of Utah Controlled Substance Database (CSD) to learn more about the patient's controlled substance prescription history.
Document the results of this check in the patient's record.

Acute Recommendation #3: Risk Considerations
Consider the risks of opioid treatment before initiating a trial. Utilize screening tools if concerned about potential opioid abuse.

Acute Recommendation #4: Short-Acting Opioids
Use a short-acting opioid in the majority of cases. Long-acting opioids may be *used cautiously* for conditions such as severe post-operative pain.

Acute Recommendation #5: "Start Low, Go Slow"
Acute pain should be treated using the "start low, go slow" method.
Prescribe the lowest dose likely to be effective for the condition. Do not dispense more pills than the number needed based on usual duration of pain for that condition.

Acute Recommendation #6: Regular Schedule
For severe continuous pain, opioids should be administered on a regular schedule that allows overlap of the previous dose with the subsequent dose. This is far more effective than the instructions of PRN dosing and more appropriate for intermittent or variable pain.

Acute Recommendation #7: Educate Patient
Prescribers should educate the patient on the safe use of opioids, the potential adverse effects, and the dangers when combining with CNS depressants.

Acute Recommendation #8: Re-evaluate
The use of opioids should be carefully re-evaluated when pain persists beyond the expected time period for acute pain treatment.

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Subacute and Chronic Pain

Treatment Recommendations

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Module 4 – Treating Pain with Less Risk

Subacute/Chronic Recommendation #1: Comprehensive Evaluation
A comprehensive evaluation should be performed before initiating opioid treatment. *Remember* that there must be a confirmed diagnosis to support the use of controlled substances.

Subacute/Chronic Recommendation #2: Functional Deficit and Non-opioid Treatments
Use opioids to treat subacute and chronic pain only when there is a functional deficit caused by moderate to severe pain. Opioid use should occur only after consideration and implementation of other non-opioid pain medications and treatments.

Subacute/Chronic Recommendation #3: Risk Considerations
Thoroughly screen for potential opioid misuse, abuse, or addiction prior to initiating a treatment plan.

Subacute/Chronic Recommendation #4: Indications for Prescribing Opioids
Prescriber must determine whether opioid treatment is indicated for a patient.

Subacute/Chronic Recommendation #5: Written/Signed Treatment Plan
Prescribers must obtain and record accurate information about the patient's treatment. A written treatment plan should be established with measurable goals of therapy for both long-term and short-term therapy. The treatment plan should include functional goals and not just pain relief goals.

Subacute/Chronic Recommendation #6: Informed Consent
Patients should be informed of the risks and benefits of opioid treatment. Counsel the patient and their caregivers on the proper use, storage, and disposal of opioids. Ideally an informed consent is used, which is sometimes combined with the treatment agreement.

Subacute/Chronic Recommendation #7: "Start Low, Go Slow"
Chronic pain should be treated using the "start low, go slow" method.
Initially use only a short-acting opioid. Reserve longer acting opioids for specific indications, such as when avoiding the highs and lows of short-acting medications or when transitioning to opioid maintenance.
Prescribe the lowest dosage and fewest pills likely to be effective for the condition.

Subacute/Chronic Recommendation #8: Treatment Tracking Tools
The opioid trial or long-term treatment should be continually evaluated for functional benefit and achievement of treatment goals, using appropriate tracking tools.

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Subacute/Chronic Recommendation #9: Screening Tools
Patients receiving opioid therapy should be continually evaluated for misuse or abuse of their medications and for the failure to comply with the treatment agreement.

Subacute/Chronic Recommendation #10: Treatment Risks and Benefits
When functional gains and a stable dose has been established during the maintenance period, regular face-to-face visits should be continued for monitoring the risks and benefits of the treatment plan.

Subacute/Chronic Recommendation #11: Multi-Disciplinary Approach
Prescriber may want to seek a second opinion or consultation.
Patients should be referred to an appropriate sub-specialist. They can offer recommendations on the treatment plan and possibly assist with treatment management.

Subacute/Chronic Recommendation #12: Functional Outcomes and Treatment Discontinuation
Regularly measure functional outcomes and document the patient's level of pain. Use functional outcomes to track and document efficacy of treatment.
Failure to maintain improvement, regardless of the reported pain relief, is cause for stopping opioid therapy.

Subacute/Chronic Recommendation #13: Methadone
Methadone treatment should only be used when prescribers are familiar with the risks and benefits of methadone use. Patients need special monitoring when prescribed methadone.

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