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OPINION: The Use of Controlled Substances for the Treatment of Chronic Pain
APPROVED DATE: 9/24/04; 01/2009; 07/19/12
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ADVANCED PRACTICE COMMITTEE

ADVISORY OPINION

THE USE OF CONTROLLED SUBSTANCES FOR THE TREATMENT OF CHRONIC PAIN

STATEMENT OF SCOPE

A Registered Nurse Practitioner (RNP) may prescribe controlled substances for the treatment of chronic pain within the nurse practitioner's scope of practice for their specialty area of NP certification.

RATIONALE

These guidelines are intended to assist the RNP in the responsible use of controlled substances in the treatment of patients with chronic pain. RNPs who prescribe controlled substances for treatment of patients with chronic pain should use sound clinical judgment, utilizing the following outlined guidelines of responsible professional practice:

I. GUIDELINES FOR THE USE OF CONTROLLED SUBSTANCES FOR THE TREATMENT OF CHRONIC PAIN

The Arizona State Board of Nursing ("Board") urges RNPs to view effective pain management as a high priority in all patients, including children, and the elderly. Pain should be assessed and treated promptly, effectively and for as long as pain persists. The management of pain should be based on up-to-date knowledge about pain, pain assessment and pain treatment. Pain treatment may involve the use of several medication and non-medication treatment modalities, often in combination. RNPs shall have sufficient knowledge or seek consultation to make such judgments for their patients. Medications, in particular controlled substances, are considered the cornerstone of treatment for acute and chronic pain. RNPs are referred to available clinical practice guidelines for the management of these types of pain.

For the purposes of these guidelines, chronic pain is defined as:

A pain state which is persistent and in which the cause of the pain cannot be removed or otherwise treated. Chronic pain may be associated with a long-term incurable or intractable medical condition or disease. When efforts to remove the cause of pain or to treat it with appropriate referrals and/or other modalities have been unsuccessful, the prescribing of controlled substances for patients with chronic non-cancer pain may be beneficial.

II. GUIDELINES FOR PATIENT CARE WHEN PRESCRIBING CONTROLLED SUBSTANCES FOR CHRONIC PAIN

A. Evaluation of the Patient

Pain assessment should occur during initial evaluation, after each new report of pain, at appropriate intervals after each pharmacological intervention, and at regular intervals during treatment. The evaluation should include:

1. A medical history and physical examination should be conducted and documented in the medical record. The evaluation should include 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 evaluation should also document the presence of one or more recognized indications for the use of a controlled substance. The patient's health history should be corroborated by reviewing the patient's health care records and/or speaking with the patient's former health care providers.
2. Psycho-social assessment, which may include but is not limited to:
    a. The patient's understanding of the diagnosis, expectations about pain relief and pain management methods, concerns regarding the use of controlled substances, and coping mechanisms for pain;
    b. Changes in mood which have occurred secondary to pain (i.e., anxiety, depression); and
    c. The meaning of pain to the patient and his/her family.
3. Periodic urine drug screen testing to detect the presence of the prescribed medications and presence of illegal or illicit substances.
4. Diagnostic evaluations such as blood test, radiologic exams, neurophysiologic exams, and psychological evaluations as indicated;
5. Exclusion criteria for controlled substance management, including a history of chemical dependency, major psychiatric disorder, unstable social situation, or a planned pregnancy; and
6. Assessment and reassessment of the patient's, and/or the family's ability/willingness to maintain control and safety of controlled drugs in the home situation prior to issuing them.

B. Treatment Plan

A treatment plan should be developed for the management of chronic pain with measurable outcomes to evaluate therapeutic success including:

1. Improvement in physical function and/or psychosocial function, e.g., ability to work, sleep, need of health care resources, activities of daily living, improvement in pain perception, and quality of social life;

2. Exploration of other multimodal interventions and/or rehabilitation programs as indicted.
3. Ongoing assessment, and if necessary modification and/or discontinuation of the use of controlled substances is expected.

C. Informed Consent

The RNP shall discuss the risks and benefits of the use of controlled substances, as well as alternatives, with the patient, persons designated by the patient, or with the patient's designated surrogate or guardian. The patient shall be counseled on the importance of regular visits, taking medications as prescribed, and the impact of recreational drug use, and avoiding the use of multiple pharmacies and providers for prescriptions. The RNP and the patient shall enter into a written pain treatment agreement that specifically states the patient's responsibilities for the treatment plan and the consequences of breaching the agreement.

D. Consultation

The RNP may refer the patient as necessary for additional evaluation to achieve treatment objectives. 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.

E. Documentation

The RNP shall document the following, as applicable:

1. The health history and physical examination;
2. Diagnostic, therapeutic, and laboratory results;
3. Diagnosis
4. Evaluations and consultations;
5. Treatment objectives; including functional goals
6. Discussion of risks and benefits;
7. Treatments;
8. Medications (including date, type, dosage, and quantity prescribed);
9. Instructions and agreements;
10. Recurrent assessment and re-assessment of the pain and pain treatments for efficacy of pain control with rationale for any dosage changes, patient function, and patient compliance; and
11. Whether or not the patient is a candidate for controlled substance medications, based on the provider's safety and control assessment, including review of Controlled Substance Prescription Monitoring Program.

The RNP shall maintain current and accessible patient records readily available for review.

F. Counting and Destroying Medication

The RNP may desire to see and count a patient's medication to determine if the patient is taking the medication as prescribed. The patient should display and count the medication in front of the RNP. Under no circumstance should the RNP touch a patient's controlled

substances. If the medication must be destroyed, it should be destroyed in accordance with federal guidelines. The RNP should document this fact in the patient record.

G. Post-Dated Prescriptions
Post-dated prescriptions are illegal in the State of Arizona. Therefore, RNPs may not issue post-dated prescriptions. Multiple prescriptions can be provided to the patient complying with the DEA regulations.

H. Referral of Patients with Active Substance Abuse Problems
Patients discovered to have an active substance abuse problem should be referred to either a detoxification and rehabilitation program or to an appropriate maintenance program for substance abusers.

III. COMPLIANCE WITH LAWS AND REGULATIONS

A. Prescribing Controlled Substances
To prescribe controlled substances, RNPs must comply with all applicable laws, including the following:
1. Possess a valid current RN license and certification as an RNP with prescribing and dispensing authority in the State of Arizona;
2. Possess a valid and current controlled substances Drug Enforcement Administration registration for the schedules being prescribed; and
3. Comply with A.A.C. R4-19-511 and R4-19-512.

B. Dispensing Controlled Substances
To dispense controlled substances, RNPs must comply with all applicable laws, including the following:
1. Possess a valid current RN license and certification as an RNP with prescribing and dispensing authority in the State of Arizona;
2. Possess a valid and current controlled substances Drug Enforcement Administration registration for the schedules being dispensed;
3. Comply with A.A.C. R4-19-511, R4-19-512 and R4-19-513; and
4. Comply with 22 CFR 1306.07(a) if controlled substances are dispensed for detoxification.

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