

Safe Opioid

Prescribing <http://www.health.ri.gov/healthcare/medicine/about/safeopioidprescribing/>

When prescribing opioid medications for patients, it is important that both the healthcare provider and the patient be aware of their responsibilities in prescribing and using these medications. An opioid treatment agreement between patient and provider will clarify expectations.

These guidelines are not meant to replace individual provider judgment. The treating provider is in the best position to make treatment decisions for the individual patient.

When appropriate, providers will follow the guidelines below regarding the use and prescribing of opioid pain medications for chronic intermittent, non-cancer related pain:

What Prescribers Should Do

- **Take a Medical History and Physical Examination:** This includes an assessment of the pain, physical and psychological function, substance abuse history, assessment of underlying or coexisting diseases or conditions, and should also include the presence of a recognized medical indication for the use of a controlled substance.
- **Make a Treatment Plan:** The treatment plan should state objectives by which treatment success can be evaluated, such as pain relief and/or improved physical and psychosocial function, and indicate if any further diagnostic evaluations or other treatments are planned. The prescriber should tailor drug therapy to the individual medical needs of each patient. Several treatment modalities or a rehabilitation program may be necessary if the pain has differing etiologies or is associated with physical and psychosocial impairment.
- **Prescribe Proportionately:** Only prescribe the amount of pain medicine reasonably expected to be needed. If you expect 3 days of severe pain prescribe only 3 days worth of medication. Acute Pain (< 5days) can often be managed without opioids.
- **Start an Opioid trial:** Advise your patient to try the medication for a specified period of time and re-assess. Agree that if are not making reasonable progress, to consider stopping and trying a different approach.
- **Electronically Prescribe Controlled Substances:** Make sure you upgrade your electronic health record system, get 2 identification tokens, and get approval from surescripts®. [more](#)
- **Obtain Informed Consent:** The prescriber should discuss the risks and benefits of the use of controlled substances with the patient, guardian or authorized representative. This discussion should be documented and signed by the patient, guardian or authorized representative. [sample](#)
- **Enter Into a Prescriber-Patient Agreement:** [The agreement](#) will help you and your patient share information about medications and comply with controlled substance regulations.
- **Co-prescribe Naloxone:** If your patient is at-risk for overdose. [sample form](#)
- **Monitor your patients opioid utilization:** Use the [Prescription Monitoring Program](#) before each appointment. [Enroll Login](#) Additionally, it is important to conduct random urine drug screens as well as have patients bring back pill bottles to monitor supply remaining.

- **Periodically Review Treatment:** The prescriber should periodically review the course of opioid treatment of the patient and any new information about the etiology of the pain. Continuation or modification of opioid therapy depends on the prescriber's evaluation of progress toward treatment objectives. If the patient has not improved, the prescriber should assess the appropriateness of continued opioid treatment or trial of other modalities.
- **Make Consultations:** The prescriber should be willing to refer the patient as necessary for additional evaluation and treatment in order to achieve treatment objectives. In addition, prescribers should give special attention to those pain patients who are at risk for misusing their medications including those whose living arrangements pose a risk for medication misuse or diversion. The management of pain in patients with a history of substance abuse requires extra care, monitoring, documentation and consultation with addiction medicine specialists, and may entail the use of agreements between the provider and the patient that specify the rules for medication use and consequences for misuse.
- **Keep Accurate Records:** The prescriber should keep accurate and complete records according to items 1-5 above, including the medical history and physical examination, other evaluations and consultations, treatment plan objectives, informed consent, treatments, medications, agreements with the patient, and periodic reviews.
- **Be Compliant with Controlled Substances Laws & Regulations:** To prescribe controlled substances, the prescriber must be licensed appropriately in Rhode Island, have a valid controlled substances registration and comply with federal and state regulations for issuing controlled substances prescriptions.

Addiction is a disease, chronic and relapsing. Patients with any chronic disease deserve appropriate treatment. There are [many places](#) to find treatment for addiction and substance abuse. [partial list](#).