

SECTION 4 – Clinical Care

4.01 Prescribing of Opioid (Narcotic) Medications

Policy

The prescribing of opioid medications for TC FHT patients with chronic pain will be done in a rational and accountable manner.

Guidelines

- Prior to prescribing any opioid medication, the physician must make a diagnosis and provide treatment for the underlying cause(s) of pain, where possible.
- Non-opioid analgesics should be used as first-line therapy, where appropriate.

First Opioid Prescription

1. If chronic opioid analgesia is required, physician should assess patient's risk for addictive behaviour, using the "Opioid Risk Tool – Clinician Form" (see EMR custom form)
 - For patients at medium-high risk of addictive behaviours, it is recommended that the physician prescribe opioids in consultation with a specialist in addiction medicine
2. Perform a baseline pain assessment using the "Opioid Brief Pain Inventory" (see EMR custom forms – 2 pages)
 - If appropriate, screen for depression, anxiety and other conditions that may contribute to pain
3. Review and sign "Opioid Treatment Agreement" with patient (see EMR handouts)
 - a. Include a discussion of potential side effects, risks of addiction/tolerance and benefits/risks of opioid therapy
 - b. Provide patient with written literature, if requested (see "Opioid Messages for Patients Taking Opioids" in EMR handouts)
 - c. Give 1 copy of signed Treatment Agreement to patient and keep 1 copy for scanning into the EMR
4. Obtain contact information for patient's pharmacist in the community and fax "Opioid Letter to Pharmacist" along with the written prescription for the opioid. (see EMR custom form)
5. Provide patient with lab requisition to obtain baseline bloodwork (ie., LFTs, renal function [sCr, BUN], CBC etc.)
6. Book appointment for patient to be followed-up within a month (can be seen in person or by telephone)
7. Document all above in EMR

4.01 PRESCRIBING OF Opioid (Narcotic) Medications

Follow-up Opioid Prescriptions

Pursuant to a request by a patient or his/her pharmacy for a refill of opioid medications, a health-care professional (MD, NP, RN, RPh) should conduct an assessment prior to approving any renewals. This can be done over the telephone, but a physical assessment should be performed at least twice a year.

1. Assess effectiveness of current opioid by using the “Opioid Brief Pain Inventory” (see EMR custom forms – 2 pages)
2. Assess patient for side effects (i.e., constipation, drowsiness, cognitive dysfunction)
3. Assess patient for aberrant drug-related behaviours
 - Randomly perform a urine/blood drug screen
 - Examples of aberrant behaviours: losing prescriptions, requests for early renewals, obtaining opioids from sources other than the agreed-upon pharmacy
4. Physician should make adjustments to opioid prescription as needed, based on above assessments.
 - If the patient exhibits any aberrant drug-related behaviours, the signed Treatment Agreement should be reviewed with the patient and the physician should inform him/her that opioid prescriptions will no longer be authorized.
5. Provide patient with a prescription for renewal of the opioid or fax directly to patient’s pharmacy.
6. Document all assessments and renewal (include dose, directions, and amount prescribed) in EMR.
7. Duration to next assessment/renewal should not exceed 100 days.

Resources:

College of Physician and Surgeons of Ontario. Evidence-based recommendations for medical management of chronic non-malignant pain – reference guide for clinicians. November 2000.

Available on-line at:

<http://www.cpso.on.ca/uploadedFiles/policies/guidelines/methadone/MedicalManagementPain.pdf>

Jovey RD (ed). Managing Pain – the Canadian Healthcare Professional’s Reference. 2008, Baker Edwards Consulting Inc., Stittsville, ON.

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