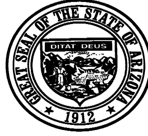

Janice K. Brewer
Governor

Joey Ridenour
Executive Director

Arizona State Board of Nursing

4747 North 7th Street, Suite 200
Phoenix, AZ 85014-3655
Phone (602) 771-7800 Fax - (602) 771-7888
E-Mail: arizona@azbn.gov
Home Page: http://www.azbn.gov

An advisory opinion adopted by AZBN is an interpretation of what the law requires. While an advisory opinion is not law, it is more than a recommendation. In other words, an advisory opinion is an official opinion of AZBN regarding the practice of nursing as it relates to the functions of nursing. Facility policies may restrict practice further in their setting and/or require additional expectations related to competency, validation, training, and supervision to assure the safety of their patient population and or decrease risk.

OPINION: The Use of Controlled Substances for the Treatment of Chronic Pain
APPROVED: X
DATE: 9/24/04
REVISED DATE: 01/09
ORIGINATING COMMITTEE:
ADVANCED PRACTICE COMMITTEE

ADVISORY OPINION

THE USE OF CONTROLLED SUBSTANCES FOR THE TREATMENT OF CHRONIC PAIN

STATEMENT OF SCOPE

A nurse practitioner may prescribe controlled substances for the treatment of chronic pain within the nurse practitioner's scope of practice for their specialty area.

RATIONALE

These guidelines are intended to assist nurse practitioners in the responsible use of controlled substances in the treatment of patients with chronic pain. Nurse practitioners 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 nurse practitioners 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 drug and non-drug treatment modalities, often in combination. For some types of pain the use of drugs is appropriate and should be pursued; for other types, the use of drugs is better de-emphasized in favor of other therapeutic modalities. Nurse practitioners should have sufficient knowledge or consultation to make such judgments for their patients.

Drugs, in particular the opioid analgesics, are considered the cornerstone of treatment for pain associated with trauma, surgery, therapeutic procedures and cancer. Nurse practitioners are referred to available clinical practice guidelines for the management of these types of pain.

The prescribing of opioid analgesics for other patients with chronic non-cancer pain also may be beneficial, especially when efforts to remove the cause of pain or to treat it with other modalities have been unsuccessful. 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*. In the generally accepted course of health care practice, no relief or cure of the cause of the pain is possible or none has been found after reasonable efforts including, but not limited to, evaluation by the attending practitioner, physician or surgeon and one or more practitioners, physicians or surgeons specializing in the treatment of the area, system or organs of the body perceived as the source of the pain.

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 for commonly abused street drugs as well as prescription pain drugs that are known abused or diverted drugs. Such screening will help identify drug abusers and drug diverters.

4. The provider should assess and reassess 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 and state objectives by which therapeutic success can be evaluated, including:

1. Improvement in pain intensity;
2. Improvement in physical function and/or psychosocial function, e.g., ability to work, sleep, need of health care resources, activities of daily living, and quality of social life;
3. Proposed diagnostic evaluations such as blood tests, radiologic exams such as CAT and bone scans, MRI and neurophysiologic exams, and psychological evaluations as indicated;
4. Potential exclusion criteria for opioid management, may include a history of chemical dependency, major psychiatric disorder, chaotic social situation, or a planned pregnancy; and
5. Exploration of other treatment modalities and/or rehabilitation programs as indicted.

C) Informed Consent

The nurse practitioner should discuss the risks and benefits of the use of controlled substances with the patient, persons designated by the patient, or with the patient's designated surrogate or guardian if the patient is incompetent. The patient should be counseled on the importance of regular visits, taking medications as prescribed, and the impact of recreational drug use.

The nurse practitioner and the patient should enter into a pain treatment agreement that specifically states the patient's required compliance with the treatment plan and what the consequences of non-compliance, misuse and abuse will be. It is particularly important that patients understand that they will be discontinued from the prescribed controlled substances in a safe manner and referred for appropriate treatment should it be revealed that they are abusing or diverting drugs.

D) Ongoing Assessment

The assessment and treatment of chronic pain mandates continuing evaluation, and if necessary, modification and/or discontinuation of opioid therapy. The nurse practitioner should monitor patient compliance in medication usage and related treatment plans. If clinical improvement does not occur, the nurse practitioner should refer the patient to a pain management specialist for an opinion. If the patient still does not improve, the appropriateness of opioid therapy should be reconsidered.

E) Consultation

The nurse practitioner should refer the patient as necessary for additional evaluation to achieve treatment objectives. Nurse practitioners should recognize patients requiring individual attention, in particular, patients whose living situations pose a risk for misuse or diversion of controlled substances. 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.

F) Documentation
Documentation should include, as applicable:

1. The health history and physical examination;
2. Diagnostic, therapeutic, and laboratory results;
3. Evaluations and consultations;
4. Treatment objectives;
5. Discussion of risks and benefits;
6. Treatments;
7. Medications (including date, type, dosage, and quantity prescribed);
8. Instructions and agreements;
9. Recurrent assessment and re-assessment of the pain and pain treatments for efficacy of pain control, patient function, and patient compliance; and
10. Whether or not the patient is a candidate for opioid drugs, based on the provider's safety and control assessment.

Records should remain current and be maintained in an accessible manner and readily available for review.

G. Counting and Destroying Medication
The nurse practitioner 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 nurse practitioner. Under no circumstance should the nurse practitioner touch a patient's controlled substances. If the medication must be destroyed, it should be destroyed in accordance with federal guidelines. The nurse practitioner should document this fact in the patient record.

H. Post-Dated Prescriptions
Post-dated prescriptions are illegal in the State of Arizona. Therefore, nurse practitioners may not issue post-dated prescriptions.

I. 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, nurse practitioners 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, nurse practitioners 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.

REFERENCES

Arizona Board of Medical Examiners Substantive Policy Statement #7, Guidelines for the Use of Controlled Substances for the Treatment of Chronic Pain (SPS #7), Revised October, 2003

Model Guidelines for the Use of Controlled Substances for the Treatment of Pain, Federation of State Medical Boards of the United States, May 1998

The Use of Opiods for the Treatment of Chronic Pain: A Consensus Statement from the American Academy of Pain Medicine and American Pain Society, 1996

Promoting Pain Relief and Preventing Abuse of Pain Medications: A Critical Balancing Act (A Joint Statement From 21 Health Organizations and the Drug Enforcement Administration, Drug Enforcement Agency, 2001.

RESOURCES

Prescription Pain Medications: Frequently Asked Questions and Answers for Health Care Professionals, and Law Enforcement Personnel, U.S. Department of Justice Drug Enforcement Administration, In partnership with: Last Acts Partnership, Pain and Policy Studies Group, University of Wisconsin, 2004