



## **Patient-Specific Protocol**

### **Template for Acute and Chronic Pain Management**

A patient-specific protocol is to be included as part of your standardized procedures that govern your practice if you chose to furnish CS II or III medications. Your existing standardized procedures/furnishing protocol must be updated to include schedule II and III requirements. This is a sample patient-specific protocol that may be tailored to your existing documents. Items ***bold and italicized*** must be included in your protocol by law, regardless of the format utilized (process or disease-oriented).

#### **Definition:**

***This protocol covers the management of controlled substances schedule II and III medications for patients with acute or chronic pain in/at \_\_\_\_\_ practice/clinic/institution, as a result of \_\_\_\_\_ (list diagnoses, illnesses, or conditions).*** Acute pain is the result of a self-limited illness or injury that will resolve within days to months, usually less than 3 months. Chronic pain is expected to last indefinitely. Acute and chronic pain is based on the individual patient's perception and self-report.

#### **Subjective Data:**

- The following history is suggested: (SAMPLE)
  - ✓ Onset, location and description of pain, Score pain if possible, Aggravating factors, Intervening factors, Response to treatment (previous or recent), Risk for gastrointestinal bleed, Anticoagulation therapy
  - ✓ Changes in activities of daily living
- Any or all of the following symptoms may be present: (SAMPLE)
  - ✓ Sharp, aching, continuous or intermittent pain, Moaning, crying, grimacing, guarding, Restlessness, agitation, Decreased mobility, Lethargy, Anorexia
- Red flags that may indicate possible drug misuse/abuse:
- ***Potential Contraindications to therapy:***

#### **Objective Data:**

- ***Identify physical findings that support use of CS II or III medications***
  - The following assessment is suggested: (SAMPLE)
  - ✓ General appearance
  - ✓ Vital signs
  - ✓ Site of pain
  - ✓ Appropriate assessment of involved system(s)

#### **Diagnostic Plan:**

- List Diagnostic tests necessary for appropriate diagnosis of etiology of pain that may be utilized
- Pain scale (SAMPLE)
  - Using a scale of 0 to 10, have patient indicate his/her level of pain.
  - 0-10 (10 worst); 1-3 mild, 4-6 moderate, 7-9 severe, 10 worst imaginable
  - Consider Wong Face Scale, especially for patients who have difficulty with verbal communication.





**Treatment Plan: (SAMPLE)**

- *Supportive/Adjunctive therapy*
- *Analgesic therapy*
  - ✓ *List general guidelines and recommended CS II or III therapy for acute pain (moderate to severe, and severe) for those medications included in the furnishing formulary.*
  - ✓ *List general guidelines and recommended CS II or III therapy for chronic pain (moderate to severe, severe, and neuropathic pain as appropriate) for those medications included in the furnishing formulary.*
  - ✓ *Response to therapy if administered during visit, hospitalization, etc.*
  - ✓ *Include all scheduled II and III drugs, including dose, frequency, route of administration, quantity, and refills authorized (NOTE: Refills may not be authorized for CS II medications on any prescription blank).*
  - ✓ *Prescription blank may be triplicate (through December 31, 2004) or Secure, anti-fraud as issued by the DEA.*

**Suggested Patient Education:**

- *Provide the patient with appropriate education related to the use of schedule II and III medications, including potential side effects and adverse reactions.*

**Follow-up:**

- *Document the necessity for follow-up including time period.*

**Physician Consultation/Referral:**

- *Identify the circumstances when physician/referral is necessary.*