*FACILITY*

POLICY and PROCEDURE

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| ***Title:******Opioid Prescribing*** | | | |
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**Policy: The Facility will provide pain management for residents that may include the use of opioids after assessment and review of individual resident needs by the Physician and Interdisciplinary Team. The IDT will adhere to standards of practice as outlined NYS DOH and Substance Abuse and Mental Health Services Administration to prevent untoward effects related to the use of Opioids**

**Procedure:**

1. Residents that have opioids listed on their discharge summary will require the Registered Nurse doing the admission assessment to:

* Review the hospital records to identify use of opioids during in- patient hospital stay
* Review past medical history to ascertain use of opioids for chronic pain
* Interview the resident to determine his/her desired level of pain and need for opioid management

1. The Registered Nurse will relay this information to the PMD. The PMD will then determine if the opioid is to be ordered, the frequency, and the number of days. (Not to exceed a 7-day supply for residents that have no prior history of opioid use) The PMD will take into account:

* The type of surgery and customary time frame for opioid usage
* The age of resident
* The other medications being ordered.

1. The PMD will document in the History and Physical Admission Assessment the use of opioids and the reason for same.
2. **The PMD will refrain from ordering two different types of opioids for PRN pain management.**
3. The opioid order will be revised to indicate tapering as the resident recovers from the acute medical event.
4. The IDT will offer individualized interventions as alternatives to the use of Opioids including but not limited to: Rehab services, hot and/or cold packs, music therapy, and relaxation techniques
5. Residents that require the continued use of opioids after 14 days may be referred to the Pain Management Consultant.
6. When Opioid therapy needs to be initiated for an acute onset of pain it is recommended to start with the lowest effective dose of immediate-release opioid for a maximum of seven days. (Not to exceed a 7-day supply for residents that have no prior history of opioid use)
7. The Physician is responsible to provide a medical diagnosis for the use of the opioid.
8. The IDT will attempt to identify the root cause of pain, as well as both nonpharmacologic therapy and non- opioid therapy that can be utilized to treat symptoms.
9. Pain management will be reviewed and revised after the acute condition resolves.
10. **Residents that have been on opioids for more than three months, past the time of normal tissue healing, or** on opioid therapy for a chronic pain condition require **a** specific treatment plan is in the medical record documenting the following:

* Goals for pain management and functional improvement based on diagnosis
* Explanation on how the opioid therapy would be tapered to lower doses or discontinued if the benefits do not outweigh the risks
* Documentation that discontinuation of the opioid therapy would result in negative outcomes for resident
* Documentation that the risks and alternatives to opioids have been reviewed with resident/representative
* Evaluation of risk factors for opioid related harm
* **An annual re-evaluation of the treatment plan**

1. The Primary Medical Doctor is responsible to document the rational for long term use of opioids on the Monthly resident physical
2. The Primary Medical Doctor is required to check the ***Prescription Monitoring Program*** Registry (*PMP found on NYS DOH HCS portal)* prior to writing a prescription for a controlled substance in schedule II, III, and IV for a resident that is being discharged from the facility and/or uses the controlled substance while OOP from the facility.
3. Residents receiving Hospice Services do not require the PMD to review their ***Prescription Monitoring Program*** prior to writing a prescription for a controlled substance in schedule II, III, and IV for discharge back to the community.
4. Residents displaying signs/symptoms of opioid overdose will immediately be assessed by RN and treated with Narcan s indicated. (*Refer to Policy: Recognition and Treatment of Opioid Overdose.)*

References:

[I-STOP/Prescription Monitoring Program (PMP) Internet System for Tracking Over-Prescribing /Prescription Monitoring Program (ny.gov)](https://www.health.ny.gov/professionals/narcotic/prescription_monitoring/).

[*www.health.ny.gov/professionals/narcotic*](http://www.health.ny.gov/professionals/narcotic)*.*

[*www.samhsa.gov/treatment/*](http://www.samhsa.gov/treatment/)

*New York State Public Health Law 3331 Section 80.*

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