UNIVERSAL PRECAUTIONS

1) MAKE A DIAGNOSIS WITH APPROPRIATE DIFFERENTIAL.

- SPECIFIED TREATMENT FOR SPECIFIC PAIN QUALITY AND PAIN GENERATOR(S).
  - Thorough physical exam, patient history
  - Appropriate work up such as Imaging studies, EMG, laboratory work
- ESTABLISH MEDICAL NECESSITY (LACK OF PROGRESS WITH OTHER THERAPIES ALONE)
  - Therapeutic interventions
  - Physical therapy
  - Behavior/neuropsychological interventions

(1A) EDUCATE PATIENT REGARDING APPROPRIATE EXPECTATIONS

- Function and appropriate reconditioning is the primary goal
- Pain reduction is secondary

- From FSMB Model Policy
  - Chronic pain often is intractable
  - Current state of medical knowledge and medical therapies, including opioid analgesics, does not provide for complete elimination of chronic pain in most cases
  - The existence of persistent and disabling pain does not in and of itself constitute evidence of under-treatment
  - Some cases of intractable pain actually result from overtreatment in terms of procedures and medications

(2) RISK BENEFIT ANALYSIS INCLUDING PSYCHOLOGICAL ASSESSMENT INCLUDING RISK OF ADDICTIVE DISORDERS.

- Sensitive and respectful assessment of risk.
  - Addiction/misuse
  - Health risks – copd, sleep apnea, endocrinopathy, etc.
- Urine drug testing.

(3) INFORMED CONSENT/PATIENT EDUCATION

- Re-explanation of chronic opioid therapy risks and benefits.
- Discussion regarding: addiction, physical dependence, and tolerance should be described.

(4) TREATMENT AGREEMENT

- Obligations of patient and practitioner.
- Combined with informed consent.
- Boundaries set with early identification and intervention around aberrant behavior.

(5) PRE- AND POST-INTERVENTION ASSESSMENT OF PAIN LEVEL AND FUNCTION.

- Documented assessment of pre-trial pain
- Scores and functional status
- Set functional goals -- functional metrics.

(6) 6-8 WEEK TRIAL, CONSIDER ADJUNCTIVE MEDICATION

- Opioid therapy opioids not a treatment of first choice nor of
- Start low dose
- Use adjuvants such as nsaids, anti-epileptics, antidepressants
- Avoid benzodiazepines (synergistic respiratory depression)
- Discontinue opioids for:

- Lack of analgesia
- Side effects
- Lack of functional improvement

(7) REASSESSMENT OF PAIN SCORE AND LEVEL OF FUNCTION.

- Corroborate with third party or family members.
- Rationale to continue opioid therapy.

(8) REGULARLY ASSESS THE FIVE "A'S"

- Analgesia.
- Activity.
- Adverse effects.
- Aberrant behavior.
- Affect.

(9) PERIODICALLY REVIEW PAIN DIAGNOSIS AND COMORBID CONDITIONS, INCLUDING ADDICTIVE DISORDERS.

- Does an addictive disorder exist or predominate?
- Adherence monitoring to screen for addiction
    - Prescription drug monitoring programs
        - Https://app.mt.gov/pdr/
    - Random drug screens
    - Pill counts

(10) DOCUMENTATION

- Initial pain exams and comparative periodic assessments.
- Medico-legal documentation.

Source: Gourlay Universal Precautions