



NMC *health*®

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Position Statement on Pain Management and Opioid Usage



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“We have an ethical responsibility to relieve patient pain and suffering. This includes managing pain in a way that will not cause future harm to the patient or our community.”

Vallerie Gleason
NMC Health President and CEO

Charles Craig, MD
NMC Health Chief Medical Officer

**Endorsed by NMC Health
Board of Directors on
11/02/21**

**Endorsed by NMC Health
Medical Staff on
08/19/21**

**Endorsed by NMC Health
Administration on
08/16/21**

Due to the prevalence of opioid use and abuse and the sustained U.S. opioid epidemic, NMC Health and the Medical Staff wish to clarify how we approach pain management.

BACKGROUND

Healthcare professionals believe addressing pain deserves thoughtful review. We further believe the relief of human pain (pain management) is at the core of caring about others. Physicians must always determine if advantages outweigh the risks. This is true with prescribing opioids.

Opioids are a class of drugs that include legal pain relievers such as oxycodone, hydrocodone, codeine and morphine. It also includes synthetic drugs such as fentanyl and illegal drugs such as heroin. Opioids are often prescribed to relieve pain. Studies have shown opioids are clearly addictive.

Many healthcare and medical groups have pain management guidelines to limit opioids. These guidelines focus on unique pain care plans that include frequent monitoring. The guidelines also emphasize the improvement and maintenance of human function as a main goal.

At NMC Health, we join our colleagues in giving a clear position statement for our community.

PAIN MANAGEMENT POSITION STATEMENT

The Medical Staff and NMC Health believe we have an ethical responsibility to relieve patient pain and suffering. We believe patients deserve correct pain management.

Our approach aims to be unique to each patient, multi-modal, and inter-disciplinary. Treatment is evidence-based and the analgesic (pain reliever) choice could include a wide array of medications ranging from acetaminophen to nonsteroidal anti-inflammatory drugs (NSAIDs) to opioids supplemented with other measures. These measures include ice packs, re-positioning, movement, and staff presence.

A Special Note about Cancer or Painful Terminal Illness and Pain Management

Patients with cancer or a painful terminal illness make up a special category in which opioids are offered under controlled circumstances by qualified prescribers in the amount needed for symptom relief.

Acute Pain Management

Guidelines for acute pain management push physicians and patients to use opioids sparingly. They also state to switch from opioids to NSAIDs or other over-the-counter analgesics as soon as possible. It is now understood that opiate use in acute pain management should be constrained by time and total dosage.

Chronic Pain Management

We acknowledge patients with chronic pain disorders require complex management. In these cases we believe opiates should be carefully controlled by only one prescriber.

Chronic pain management depends upon shared trust. Teamwork between the patient and physician is crucial. We support showing this trust by means of a pain management contract and measured blood or urine sampling to guide treatment. We may refer you to a pain management specialist.

Other Modalities

In addition to prescribed medicine, we also promote the use of other modalities known to help relieve pain. Those might include physical therapy, stress management, and/or exercise. These methods are used to promote the quickest transition to acetaminophen and/or anti-inflammatories.

Your Prescriber's Professional Judgment

We support each provider's judgment in determining what medication to order and in the least amount of dosage possible to relieve pain safely.

Our prescribers use K-TRACS and other methods to screen for multi-prescriptions and/or multi-prescribers.

Good Faith Practices

We do not support the use of our facilities, prescribers, or our community partners to obtain legal prescriptions for any purpose other than what is intended in good faith by the prescriber.

We support the community's efforts to timely and safely dispose of unused opioids through drug take-back programs. We also support the destruction/disposal of drugs in accordance with the Food and Drug Administration.

At NMC Health, we commit to the safe and effective use of all medications used to treat pain.

AGE-ADJUSTED DRUG OVERDOSE DEATH RATES (US)

Year	# US Deaths*	% of Deaths that Involved an Opioid	Age-Adjusted Overdose Death Rate Per 100,000 Population		Kansas Deaths	Opioid Prescriptions per 100 Persons
			US	KS		
2000	17,415		6.2			
2005	29,813		10.1			(2006) 77.5
2010	38,329	55	12.3			86.1
2015	52,404	63	16.3	11.8	329	80.5
2019	70,630	71	21.6	14.3	403	64.3
2020	92,183*					

(*) Data incomplete

Source: NCHS Data Briefs and CDC MMWR

MORPHINE MILLIGRAM EQUIVALENTS

1 mg Codeine = 0.15 mg morphine
1 mg Fentanyl patch = 2.4 mg morphine
1 mg Hydrocodone = 1 mg morphine
1 mg Oxycodone = 1.5 mg morphine
1 mg Dilaudid = 4 mg morphine

References:

1. CDC Guidelines for Prescribing Opioids for Chronic Pain. U.S. 2016.
2. Ethical Responsibility to Manage Pain and the Suffering It Causes. American Nurses Association. 2018.
3. Guideline for reducing opioid use post-surgery leads to high pain management satisfaction and disposal rates. American College of Surgeons. 02/25/2021.
4. Joint Policy Statement of the Kansas Boards of Healing Arts, Nursing and Pharmacy on the Use of Controlled Substances for the Treatment of Chronic Pain. 2016.
5. Opioid Prescribing Guidelines for Common Surgical Procedures: An Expert Panel Consensus. Journal of the American College of Surgeons. July 2018.
6. Quinones, Sam. Dreamland. 2015. Bloomsbury Press: New York
7. Where and How to Dispose of Unused Medicines. Food and Drug Administration. 04/21/2021.
8. <https://www.fda.gov/consumers/consumer-updates/where-and-how-dispose-unused-medicines>

Patient Education Resource On Back



OPIOID SAFETY

Take Charge of Your Pain Management

REDUCE OPIOID USAGE

Everyone's needs are different when it comes to pain management. When healing, being 100% pain free is unrealistic. Work one-on-one with your physician and medical staff to use opioids as sparingly as possible. Limiting your duration of usage and dosage is key.

Questions to ask¹:

- ☐ Why do I need this medication? Is it right for me?
- ☐ How long should I take this medication?
- ☐ Are there non-opioid alternatives I can use?
- ☐ How can I reduce the risk of potential side effects?
- ☐ What if I or a family member have a history of addiction with tobacco, alcohol or drugs?
- ☐ Could this interact with other medications?
- ☐ How should I store medication to keep others safe?
- ☐ Can I have an prescription for Nalozone?

HANDLE RESPONSIBLY

- ☐ Never sell or share prescription medications.
- ☐ Don't take opioids with alcohol.
- ☐ Store medications in a secure place, out of reach of others (including children, family, and visitors).
- ☐ Properly dispose of any unused medications through a drug take-back program or following guidelines from the Food and Drug Administration.

<https://bit.ly/2FSsvIV>

EDUCATION & MONITORING

Opioid addiction does not discriminate. Opioids reduce the intensity of pain signals, producing a temporary euphoria that can become addictive. Anyone can fall victim, so education and monitoring is key.

Common types of prescription opioids are codeine, oxycodone (OxyContin), hydrocodone (Vicodin), oxymorphone, morphine, and sometimes Fentanyl.

- ☐ Talk to your doctor about any and all side effects or concerns when taking an opioid.
- ☐ Follow up regularly with your doctor.
- ☐ Never take opioids in greater amounts or more often than prescribed.

SEEK ALTERNATIVES

Some pain management options may actually work better than your prescription opioids. Talk to your health care provider these alternatives:

- ☐ Pain relievers and anti- inflammatories such as ice packs or heat, acetaminophen, aspirin, ibuprofen and naproxen;
- ☐ Physical therapy, re-positioning and exercise, or
- ☐ Cognitive behavioral therapy to modify triggers of pain and stress management.

¹<https://www.fda.gov/ForConsumers/ConsumerUpdates/ucm529517.htm>



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