

## First Do No Harm: Pain Management in the SNF

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- MDs must REGISTER for CURES Controlled Substance Utilization Review and Evaluation System 2.0 *under* Health and Safety Code Section 11165.1 by 7/2/2016.
- **Senate Bill No. 482 requires** MDs must Check CURES for all new scheduled drug (II, III, IV) RX prior to prescribing (not more than 24 hours) AND q 4 months (exception SNF don't have to check prior, but do have to check every 4 months....used within and Hospice). Check, print and sign! Make sure to sign prior to discharge medications. Lots of schedule III, IV medications....

New [CDC Guideline for Prescribing Opioids for Chronic Pain](#) cover opioid prescribing for adults in primary care settings. in treating **chronic pain (pain lasting longer than 3 months or past the time of normal tissue healing) outside of active cancer treatment, palliative care, and end-of-life care**. Major changes are lowering opioids doses, emphasizing CURES check and more close monitoring and clarifying procedures for discontinuing

Screening for misuse of opioids (DIRE), PEG scale to monitor functional status and Quality of life), chronic pain scales and so on can be found here...

<http://www.agencymeddirectors.wa.gov/AssessmentTools.asp>

Black box warning for opioids and benzodiazepines\_–Avoid combination

Rebecca's pearls

- You must do something, but you will likely NEVER alleviate some pain. The best treatment: “I believe you”—compassion and empathy, be present and trying, hope/optimism and explanations –far exceeds the prescription. Get the conversation off asking for opioids and back to treating pain.
- Document that you care and that you are trying and the challenges in treating pain in this individual and the rationale for your decision.
- In my experience, much chronic pain is opioid-resistant (pain 10/10 with opioids) and this fact alone makes me wary to prescribe for the majority of my patients with chronic pain. Worth a try, but if they won't keep a journal and if pain doesn't drop with dose escalation, likely this is not effective. Use opioid use agreement.
- Much chronic pain will never resolve—goal to live with it. Monitor living, not pain.
- Justify your choices to use or avoid opioids “*I swore an oath not to do harm. I know from my experience and from guidelines that opioids are likely to do you more harm than good. Your pain is real and I am not giving up, but I care about you too much to prescribe something that will hurt you.*”
- Every RX you write is your license—stand up to pressure from patients, families, ombudsman, licensing, administrators. You are not a pusher! Assure in your heart you are doing what is right and could stand up to justify it (with well written notes following guidelines) if pressed.