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Michigan Board of Nursing Guidelines for the Use of Controlled Substances for the Treatment of Pain

Section I: Preamble

The Michigan Board of Nursing recognizes that principles of quality nursing practice dictate that the people of the State of Michigan have access to appropriate and effective pain relief. The appropriate application of up-to-date knowledge and treatment modalities can serve to improve the quality of life for those patients who suffer from pain as well as reduce the morbidity and costs associated with untreated or inappropriately treated pain. The Board encourages nurses to view effective pain management as a part of quality nursing practice for all patients with pain, acute or chronic, and it is especially important for patients who experience pain as a result of terminal illness. All nurses should become knowledgeable about effective methods of pain treatment as well as statutory requirements for prescribing controlled substances.

Inadequate pain control may result from nurses' lack of knowledge about pain management or an inadequate understanding of addiction. Fears of investigation or sanction by federal, state and local regulatory agencies may also result in inappropriate or inadequate treatment of chronic pain patients. Accordingly, these guidelines have been developed to clarify the Board's position on pain control, specifically as related to the use of controlled substances, to alleviate uncertainty of nurses and to encourage better pain management.

The Board recognizes that controlled substances, including opioid analgesics, may be essential in the treatment of acute pain due to trauma or surgery and chronic pain, whether due to cancer or non-cancer origins. Nurses are referred to the *U.S. Agency for Health Care and Research Clinical Practice Guidelines* for a sound approach to the management of acute¹ and cancer-related pain.² The medical management of pain should be based on current knowledge and research and include the use of both pharmacologic and non-pharmacologic modalities. Pain should be assessed and treated promptly, and the quantity and frequency of doses should be adjusted according to the intensity and duration of the pain. Nurses should recognize that tolerance and physical dependence are normal consequences of sustained use of opioid analgesics and are not synonymous with addiction.

The Board is obligated under the laws of the State of Michigan to protect the public health and safety. The Board recognizes that inappropriate prescribing of controlled substances, including opioid analgesics,

may lead to drug diversion and abuse by individuals who seek them for other than legitimate medical use. Nurses should be diligent in preventing the diversion of drugs for illegitimate purposes.

The following are reference sources that provide sound approaches to the management of pain:

1. Acute Pain Management Guideline Panel. Acute Pain Management: Operative or Medical Procedures and Trauma. *Clinical Practice Guideline*. AHCPR Publication No. 92-0032. Rockville, Md. Agency for Health Care Policy and Research. U.S. Department of Health and Human Resources, Public Health Service. February 1992.
2. Jacox A, Carr DB, Payne R, et al. Management of Cancer Pain. *Clinical Practice Guideline No. 9*. AHCPR Publication No. 94-0592. Rockville, Md. Agency for Health Care Policy and Research. U.S. Department of Health and Human Resources, Public Health Service. March 1994.

Nurses should not fear disciplinary action from the Board or other state regulatory or enforcement agency for prescribing, dispensing or administering controlled substances, including opioid analgesics, for a legitimate medical purpose and in the usual course of professional practice. The Board will consider prescribing, ordering, administering or dispensing controlled substances for pain to be for a legitimate medical purpose if based on accepted scientific knowledge of the treatment of pain or if based on sound clinical grounds. All such prescribing and/or administration must be based on clear documentation of unrelieved pain and in compliance with applicable state or federal law.

Each case of prescribing for pain will be evaluated on an individual basis. The board will not take disciplinary action against a nurse for failing to adhere strictly to the provisions of these guidelines, if good cause is shown for such deviation. The nurse's conduct will be evaluated to a great extent by the treatment outcome, taking into account whether the drug used is medically and/or pharmacologically recognized to be appropriate for the diagnosis, the patient's individual needs—including any improvement in functioning—and recognizing that some types of pain cannot be completely relieved.

The Board will judge the validity of prescribing based on the nurse's treatment of the patient and on available documentation, rather than on the quantity and chronicity of prescribing. The goal is to control the patient's pain for its duration while effectively addressing other aspects of the patient's functioning, including physical, psychological, social and work-related factors. The following guidelines are not intended to define complete or best practice, but rather to communicate what the Board considers to be within the boundaries of professional practice.

Section II: Advanced Practice Nurse Guidelines

Advanced practice nurses who are authorized by law to prescribe or dispense drugs, including controlled substances, should recognize that tolerance and physical dependence are normal consequences of sustained use of opioid analgesics and are not synonymous with addiction. Prescribing or dispensing controlled substances, including opioid analgesics, to treat pain is considered a legitimate medical purpose if based upon sound clinical grounds.

There are many effective treatments for pain; opioid analgesics play an important role, especially when pain is moderate to severe. For many patients, opioid analgesics—when used as recommended by established pain management guidelines are the most effective way to treat their pain, and are often the only treatment option that provides significant relief.

The following principles are not intended to define complete or best practice, but rather to communicate what the Michigan Board of Nursing considers to be within the boundaries of professional practice.

Principles

1. Assessment of the Patient

A complete health history and physical examination must be conducted and documented in the health record.

2. Treatment Plan

The written treatment plan should state objectives that will be used to determine treatment success, such as pain relief and improved physical and psychosocial function, and indicate if any further diagnostic evaluation or other treatments are planned. After treatment begins, the drug therapy plan should be adjusted to the individual medical needs of each patient. Other treatment modalities or a rehabilitation program may be necessary depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment.

3. Informed Consent

The advanced practice nurse should discuss the risks and benefits of the use of controlled substances with the patient, persons designated by the patient, or with the patients surrogate or guardian if the patient is incompetent or a minor.

4. Agreement for Treatment of High-Risk Patients

If the patient is determined to be at high risk for medication abuse or to have a history of substance abuse, or at the discretion of the prescriber, the advanced practice nurse will obtain a written agreement from the patient outlining patient responsibilities, including:

- Submitting to screening of urine/serum medication levels when requested;
- Limiting prescription refills only to a specified number and frequency;
- Requesting or receiving prescription orders from only one health care provider;
- Using only one pharmacy for filling prescriptions; and
- Acknowledging reasons for which drug therapy maybe discontinued (i.e. violation of agreement).

5. Periodic Review

At reasonable intervals based on the individual circumstances of the patient, the course of treatment and any new information about the etiology of the pain should be evaluated. The advance practice nurse involved with the management of pain should evaluate progress toward meeting treatment goals in light of improvement in the patients' pain intensity and improved physical or psychosocial function i.e., ability to work, use of health care resources, activities of daily living, quality of life. If treatment goals are not being achieved despite medication adjustments, the health care provider's should reevaluate and alter the treatment plan.

6. Consultation

The advanced practice nurse should be willing to refer the patient for additional evaluation and treatment as necessary in order to achieve treatment goals.

7. Medical Records

The advanced practice nurse should keep accurate and complete records to include:

- The medical history and physical examination including:
 - a. The nature and intensity of the pain, including treatment for any underlying or coexisting conditions; and,
 - b. Presence of one or more recognized medical indications for the use of a controlled substance.
- Diagnostic, therapeutic, and laboratory results.
- Evaluations and consultations.
- Treatment goals.
- Discussion of risks and benefits, including treatment contract, if one has been established.
- Treatments.
- Medications including date, type, dosage, and quantity prescribed.
- Instructions and agreements.
- Periodic reviews.

Section III: Nursing Principles of Pain Management

The Board has adopted the following principles when evaluating the use of controlled substances for pain management:

- All persons who are experiencing pain have the right to have their pain relieved to the greatest extent
- A person's self-report of pain is the optimal standard upon which all pain management interventions are
- A comprehensive nursing assessment includes the subjective description of pain, objective data, and the identified need for psychosocial/spiritual support.
- Fear of addiction to opioids and other pain medications should not be a barrier to pain management. Nurses recognize and apply the following concepts in the provision of care:
- Tolerance and physical dependence are consequences of sustained use of opioid analgesics and are not synonymous with addiction.
- Pseudo-addiction is a pattern of drug-seeking behavior by persons with pain who are fearful of receiving inadequate pain management. These behaviors may be mistaken for addiction.
- Continuity of care within and across health care settings is essential to effective pain management.
- Persons with a history of substance abuse have the right to adequate pain relief, even if opioids must be used. Such persons may require specialized care, treatment and a referral to an appropriate healthcare professional.
- An interdisciplinary approach to pain management is optimal.
- Pain management continues even if the person becomes unresponsive.

Section IV: Nursing Guidelines of Pain Management

Nurses are responsible for maintaining the knowledge and skills necessary to coordinate optimal pain management.

The nursing functions of appropriate pain management include:

- Ensuring the person or their legal representative actively participates in the treatment plan and understands the options available for pain relief and potential side effects.
- Educating persons and their families in a culturally competent manner regarding pain management.
- Using a standardized scale, to periodically assess and document a person's pain in accordance with institutional policies and procedures.

- Developing and implementing a plan of care that prevents and alleviates pain as much as possible.
- Administering medications and treatment as prescribed, using knowledge to maintain both safety and pain relief.
- Initiating non-pharmacological nursing interventions as indicated.
- Serving as an advocate to assure effective pain management.
- Communicating side effects or any reports of unrelieved pain to the prescriber and to appropriate team members.
- Documenting pain assessment, intervention, evaluation and ongoing changes to the plan of care in a clear and concise manner.

Consistent with the licensee's scope of practice, the RN or LPN is accountable for implementing the pain management plan utilizing his/her knowledge base and documented assessment of the person's needs. The nurse has the authority to adjust medication levels within the dosage and frequency ranges stipulated by the prescriber and according to the institutions established procedures. When pain is not controlled under the currently prescribed treatment plan, the nurse is responsible for reporting such findings to the prescriber and documenting the communication.

Section V: Definitions

For the purposes of these guidelines, the following terms are defined as follows:

Acute Pain

Acute pain is the normal, predicted physiological response to an adverse chemical, thermal or mechanical stimulus and is associated with surgery, trauma and acute illness. It is generally time-limited and is responsive to opioid therapy, among other therapies.

Addiction

Addiction is a neurobehavioral syndrome with genetic and environmental influences that results in psychological dependence on the use of substances for their psychic effects and is characterized by compulsive use despite harm. Addiction may also be referred to by terms such as "drug dependence" and "psychological dependence." Physical dependence and tolerance are normal physiological consequences of extended opioid therapy for pain and should not be considered addiction.

Analgesic Tolerance

Analgesic tolerance is the need to increase the dose of opioid to achieve the same level of analgesia. Analgesic tolerance may or may not be evident during opioid treatment and does not equate with addiction.

Chronic Pain

A pain state which is persistent and in which the cause of the pain cannot be removed or otherwise treated. Chronic pain may be associated with a long-term incurable or intractable medical condition or disease.

Pain

An unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.

Physical Dependence

Physical dependence on a controlled substance is a physiologic state of neuro-adaptation which is characterized by the emergence of a withdrawal syndrome if drug use is stopped or decreased abruptly, or if an antagonist is administered. Physical dependence is an expected result of opioid use. Physical dependence, by itself, does not equate with addiction.

Pseudo-addiction

Pattern of drug-seeking behavior of pain patients who are receiving inadequate pain management that can be mistaken for addiction.

Substance Abuse

Substance abuse is the use of any substance(s) for non-therapeutic purposes or use of medication for purposes other than those for which it is prescribed.

Tolerance

Tolerance is a physiologic state resulting from regular use of a drug in which an increased dosage is needed to produce the same effect, or a reduced effect is observed with a constant dose.