

# PAIN MANAGEMENT BEST PRACTICES INTER-AGENCY TASK FORCE

## FACTSHEET PATIENT SAFETY AND RISK ASSESSMENT

The Task Force emphasizes the importance of individualized **patient-centered care in the diagnosis and treatment** of acute and chronic pain. The Task Force acknowledges that **empathetic, compassionate**, patient-centered pain care is not effectively delivered through a “one-sized-fits-all” approach.

**A critical component of individualized, patient-centered care is patient safety, which includes risk assessment, poison control, medication stewardship, and naloxone use. Risk assessment** involves the identification of risk factors and/or potential health hazards through a clinician’s discussion with the patient (patient history, family history) and use of **screening and monitoring tools**, including **prescription drug monitoring programs (PDMPs)**, laboratory data, and other measures. Examples of risk factors can include active or prior history of substance abuse disorders (SUD), family history of SUD, childhood trauma, depression, or other comorbid conditions.

### A COMPREHENSIVE RISK ASSESSMENT IS EMPOWERED BY OPEN DIALOG WITH THE PATIENT.



- Risks must be balanced against the potential benefits, some of which include improved function with improved quality of life, activities of daily living, and ability to work, as well as improvement in medical condition.

- Conducting a risk assessment helps minimize potential adverse consequences and facilitates treatment or referral for treatment of active SUD.

## Screening and monitoring approaches in pain management seek to identify and reduce the risk of substance misuse, abuse, and overdose, as well as improve overall patient care.

**Screening** approaches include efforts to assess for concurrent substance use and mental health disorders that may place patients at higher risk for opioid use disorder and overdose, including screening for drug and alcohol use and the use of urine drug testing, when clinically indicated.

**Monitoring** approaches should be applied transparently and consistently in a manner that emphasizes safety so that miscommunication and accidental stigmatization are prevented. At follow-up, clinicians should assess benefits in function, pain control, and quality of life. Clinicians should also screen for factors that predict risk for poor outcomes and substance abuse, such as sleep disturbance, mood disorder, and stress.

**Prescription drug monitoring programs (PDMPs)** are state-managed electronic databases of controlled substance dispensation. PDMPs enable prescribers and pharmacists (and in some states, insurers, researchers, and medical licensing boards) to access the data, monitor use by patients, monitor prescribing practices by practitioners, and check population-level drug use trends.



**Poison Control Centers** are available 24/7 to health care professionals and the public for information about adverse medication effects and to assess the need for emergency care.

- Interaction among multiple medications prescribed to patients (polypharmacy) can have significant clinical and symptomatic effects.
- **Poison control center** engagement is associated with significant reductions in unnecessary use of emergency medical services, emergency departments, and hospital resources, resulting in significant cost savings for the U.S. health care system.



**Medication Stewardship** involves safe storage and disposal of medications to avoid misuse or diversion.

- Medicines play an important role in treating certain conditions and diseases, but they must be taken with care and stored securely where they cannot be misused by a third party or accidentally ingested by children or pets.
- Unused portions of these medicines must be disposed of properly to avoid harm. Patients and caregivers can remove expired, unwanted, or unused medicine from their home as soon as they are no longer needed to help reduce the chance that others accidentally or intentionally misuse the unneeded medicine and to help reduce drugs from entering the environment.
- There are various **medication take-back options** such as DEA National Takeback Days, pharmacy takeback (in some locations), drop boxes in many local law enforcement offices, drug deactivation systems, and mail-back options.
- FDA maintains a list of medicines that are potentially dangerous if diverted and should be flushed in the toilet.



**Naloxone** can be administered to reverse overdose from opioids whether the opioid is prescribed or illicitly obtained.

- Prescribers may offer a **naloxone** prescription to patients who are prescribed opioids (co-prescription) or to those with an addiction history who may be at risk for relapse.
- Widespread, rapid availability of bystander and take-home **naloxone rescue kits**, coupled with enhanced education on naloxone's proper use, is essential, particularly in cases where higher doses of opioids are to be prescribed or there is evidence of underlying opioid use disorder.

# LEARN MORE

- ➔ Talk to your clinician about your history, current symptoms as well as environment, and treatment plans.
- ➔ Ensure your friends and family have local Poison Control Center information on-hand and readily available.
- ➔ Review guidelines for medication storage and options for safe disposal.
- ➔ For more information check out the HHS Blog post at <https://www.hhs.gov/blog/2019/05/10/patient-centered-care-is-key-to-best-practices-in-pain-management.html>.

