

## Universal Precautions for Pain Medicine Prescribing

1. Make a careful diagnosis of the pain source. Assess co-morbid conditions, such as depression, and include them in the treatment plan. Psychiatric and substance abuse disorders must be addressed.
2. Assess the risk of substance abuse, including family history, current environment, and personal history of substance abuse. Urine drug testing may be considered, with appropriate counseling of the patient regarding illicit drug use. Some experts advocate screening everyone as part of a random process, others restrict it to problematic patients. Not infrequently, some individuals are found not to have detectable levels of the prescribed opioid, suggesting the possibility of diversion. However, no action should be taken on a single aberrant test. Patient counseling and continued monitoring should be performed.
3. Obtain informed consent. Long term opioid therapy for chronic pain carries the potential for withdrawal, and may be contentious. In addition, the consequences of opioid therapy, including constipation, reduced testosterone levels, fatigue, etc., should be disclosed.
4. A signed treatment agreement is recommended defining the obligations of the physician and patient because it is helpful in defining the parameters to guide the continuation of opioid therapy and for discontinuation. This avoids arguments and misunderstandings.
5. Document pain levels prior to and after the initiation of opioid therapy. It is essential to document an effective analgesic response to warrant continued treatment. Pain scales are not always the best measure, but other functional improvements may be useful in assessing the treatment response.
6. Initiate an appropriate trial of medication, including opioids and adjuvant analgesics.
7. Frequently reevaluate measures of efficacy. Seeking corroboration from family members and significant others can help to provide a better picture of treatment success, or of failure.
8. Regularly assess the 4 A's of pain treatment: analgesia, activity, adverse effects, and aberrant behavior.
9. Periodically reevaluate the patient's underlying condition and any co-morbid conditions.
10. Documentation! The physician and patient's best protection from legal entanglement is careful documentation of the treatment plan and monitoring efforts.

Source: Gourlay DL, Heit HA, Almahrezi A. Universal precautions in pain medicine. *Pain Med* 2005;6:107-12.9