

**Prescribing Opioid Medication for Acute Pain
Flowchart in compliance with:**

[NJ ADC 13:35–7.6 Limitations on prescribing, administering, or dispensing of controlled dangerous substances; special requirements for management of acute and chronic pain](#)

And

New Jersey Register Emergency Rules:

<http://www.njconsumeraffairs.gov/bme/Documents/BME-Rule-Text.pdf>

First Prescription

If patient has never received a prescription for an opioid or if it has been greater than 1 year since last use/administration, proceed to Section I.

If it has been less than a year since the patient’s last opioid prescription, proceed to Section II.

Section I.

Step 1.

	Task (please check off the following once documented in the patient’s chart)	Yes
1.1	Verify that prescription is an initial prescription <input type="checkbox"/> As per patient <input type="checkbox"/> As per NJ Prescription Monitoring Program (last opioid fill and abuse potential) <input type="checkbox"/> As per available medical records	
1.2	Medical History: including patient’s experience using: <input type="checkbox"/> Non-opioid medication <input type="checkbox"/> Non-pharmacological pain management approaches <input type="checkbox"/> Substance abuse history <input type="checkbox"/> Nature, frequency, and severity of any pain	
1.3	Physical Exam, psychological evaluation, and evaluation of comorbidities	
1.4	Develop a treatment plan: particular attention on determining the cause of the patient’s pain (specialist consultation, imaging studies, physical therapy, and/or other interventions), objectives by which treatment success is to be evaluated	
1.5	Check NJ Prescription Monitoring Program (PMP) https://newjersey.pmpaware.net	
1.6	Prescription information: complete name of controlled substance, dosage, strength, quantity, and instructions for use	

Step 2: Prior to issuing **initial** prescription, you must discuss with the patient, patient’s parent or legal guardian if the patient is under 18 years of age and is not an emancipated minor, the risks of the medications being prescribed including but not limited to:

	Task (Please check off once completed)	Yes
1.8	The risks of addiction and overdose associated with opioids including dangers of taking with alcohol, benzodiazepines and other CNS depressants	
1.9	Reasons why prescription is necessary	
1.10	Alternative treatments that may be available	
1.11	Risks associated with use of developing a physical or psychological dependence	

*****A note must be included in the patient’s medical record, acknowledging the information discussed****

Step 3: Prescription must be written for the lowest effective dose of an immediate release opioid. Limit supply to no more than 5 days as determined by dose and frequency. Must indicate on prescription that it is an “**Initial prescription for treatment of acute pain.**”

Second Prescription

Section II.

This section applies to patients who are receiving a second prescription for an opioid within 1 year. If the patient does not meet these criteria, refer to Section I or III.

Step 1:

	Task (please check off once completed)	Yes	No
2.1	Has it been at least 4 days since issuance of the initial prescription		

****If Yes, proceed to step 2****

****If No, prescription cannot be written until no less than 4 days has passed from initial prescription****

Step 2:

	Task (please check off once completed)	Yes
2.2	Did you consult or discuss directly with the patient (in person or telephone)?	

Step 3: (Best Practice)

	Task (please check off once completed)	Yes
2.3	Did you review the NJ Prescription Monitoring Program (https://newjersey.pmpaware.net)?	

Step 4: May issue a subsequent prescription in any quantity that complies with applicable state and federal laws (maximum 30 days) provided that:

	Task (please check off once completed)	Yes	No
2.4	Necessary and appropriate for patient's needs? *If no, consider other non-opioid therapeutic options		
2.5	Rational for subsequent prescription: _____ *DOCUMENT IN PATIENTS CHART*		
2.6	Does Prescription present undue harm or risk of abuse? *If yes, consider other non-opioid therapeutic options		

Step 5: Prior to issuing **ANY** prescription for patients under 18 years of age who are not an emancipated minor, you must discuss with the patient, patient's parent or legal guardian the risks of the medications being prescribed including but not limited to:

	Task (Please check off once completed)	Yes
2.7	The risks of addiction and overdose associated with opioids including dangers of taking with alcohol, benzodiazepines and other CNS depressants	
2.8	Reasons why prescription is necessary	
2.9	Alternative treatments that may be available	
2.10	Risks associated with use of developing a physical or psychological dependence	

****A note must be included in the patient's medical record, acknowledging the information discussed****

Third prescription and all subsequent prescriptions*
(see also Chronic Pain Prescriptions: Section IV)

Section III.

Step 1: Prior to issuing the **third** prescription, you must discuss with the patient, patient's parent or legal guardian if the patient is under 18 years of age and is not an emancipated minor, the risks of the medications being prescribed including but not limited to:

	Task (please check off once completed)	Yes
3.1	The risks of addiction and overdose associated with opioids including dangers of taking with alcohol, benzodiazepines and other CNS depressants	
3.2	Reasons why prescription is necessary	
3.3	Alternative treatments that may be available	
3.4	Risks associated with use of developing a physical or psychological dependence	

A note must be included in the patient's medical record, acknowledging the information discussed

Step 2:

	Task (please check off once completed)	Yes	No
3.5	Is the patient experiencing any problems associated with physical or psychological dependence		

A note must be included in the patient's medical record, acknowledging the information discussed

Step 3:

	Task (please check off once completed)	Yes
3.6	Did you review the NJ Prescription Monitoring Program (https://newjersey.pmpaware.net)?	

Step 4:

Pain Management Agreement (*needed prior to issuing the 3^d prescription*)

	Task (please check off once completed)	Yes	No
3.7	Do you currently have a signed pain management agreement with the patient which includes: <input type="checkbox"/> Patient and practitioner understanding of pain management plan <input type="checkbox"/> Patient's rights in association with treatment <input type="checkbox"/> Patient's obligations including responsible use, discontinuation of use, storage, disposal, and restrictions on refill or prescriptions from other prescribers <input type="checkbox"/> Identification of specific medications and non-pharmacological therapies included in treatment plan <input type="checkbox"/> Measures performed to monitor patient's compliance (random specimen screens, pill counts...) <input type="checkbox"/> Process for terminating the agreement if patient is not complying with the terms		

*If no, you must complete prior to issuing third prescription

Chronic pain prescriptions (greater than 3 months)

If the prescription for a schedule II is continuously prescribed for three months or more for chronic pain, please fill out section IV.

Section IV

	Task (please check off once document in the chart)	Yes	No
4.1	Prior to each prescription: Did you assess the patient to determine if they are experiencing physical or psychological effects and <u>document</u> results of review?		
4.2	Prior to each prescription: Did you review the NJ Prescription Monitoring Program (PMP) information (https://newjersey.pmpaware.net)?		
4.3	Prior to each prescription: Have you been monitoring compliance the pain management agreement?		
4.4	Every 3 months : Course of treatment, any new information about the etiology of pain, and patient's progress to treatment objectives and <u>document</u> results?		
4.5	Every 3 months : Unless clinically contraindicated, did you make efforts to decrease or stop the controlled substance, or try other medications/modalities to reduce the potential for abuse and development of physical or psychological dependence and <u>document</u> with specificity the efforts undertaken?		
4.6	Every 3 months : Have you advised the patient or patient's parent or guardian of the availability of an opioid antidote?		
4.7	Every 12 months : Have you conducted a random urine screen?		
4.8	Any recommendations that the patient seek a referral of a specialist (pain management or addiction specialist) if treatment objectives are not being met?		

If you answered "Yes" to question 4.8, please identify specialist?
