

Prescriptive Practices Consistent with Appropriate Pain Treatment

Summary of Requirements for New Mexico Board of Nursing Rule 9 Section 8*

Prescribing, ordering, administering or dispensing of controlled substances to meet chronic pain management needs is appropriate if in compliance with the following:

- H&P
 - evaluation of psychological & pain status
 - prior history of significant pain
 - history of alternate pain treatments for pain
 - potential for abuse
 - coexisting disease or medical conditions
 - medical indication (& supporting diagnostic documentation) or contra-indication
- Know/use/consider
 - screening tools
 - spectrum of therapeutic modalities in E&M of pain
 - integrative approach with broad range of pain management specialists
- Written treatment plan
 - tailor to individual patient needs (consider age, gender, culture, & ethnicity)
 - state objectives to evaluate treatment (e.g., degree of pain relief, improvement in physical &/or psychological function)
 - include statement of need for further testing, consultation, referral or use of other treatment modalities
- Include evaluation of continuing or tapering CS in written plan if pain relief plateaus
- Provide education
 - discuss risks & benefits of CS use (patient, surrogate or guardian)
 - document in the record
- Maintain complete & accurate record of provided care prescribed drugs
 - for CS: drug, quantity, prescribed dosage
 - for opioids: indications for use
 - for NCPM with CS: written agreement for treatment outlining patient responsibilities (receive all prescriptions from one practitioner & one pharmacy whenever possible)
- Monitor chronic NCPM
 - periodically review treatment course
 - periodically review patient's state of health & new information about etiology of pain (at least every three months)
 - when indicated by patient's condition, consult HCPs experienced in chronic pain control (not necessarily pain management specialists); consult early in course of long-term treatment & at reasonable intervals during continued long-term treatment for assessment of benefit & need
 - drug screening expected; conduct when other factors suggest elevated risk of misuse or diversion
- Not required to prescribe CS if patient seeks pain medication for non-medically justified reasons in APRN's opinion

Other key points used in BON determination that prescriptive practices are consistent with appropriate pain treatment:

- May prescribe to patients who have legitimate pain even if addicted, dependent or tolerant
 - monitor closely
 - document precisely
- Use contractual agreements
- Use drug screens before & during opioid treatment to
 - identify actual drug consumption
 - compare to patients' self-reports
- Address identified misuse concerns
 - refer for appropriate consultation
 - schedule re-evaluation at appropriate time intervals
- Basis for BON's evaluation of quality of care
 - appropriate dx & evaluation
 - medical indication for prescribed treatment
 - documentation of change or persistence of indication
 - follow up evaluation, appropriate continuity of care
- Validity of prescribing based on treatment & documentation, not quantity & chronicity of prescribing
- Goal: control pain while effectively addressing patient's functional aspects (physical, psychological, social, work-related)
- BON review of over-prescribing & under-prescribing guided by principle using standard of patient protection for both
- BON considers APRNs in compliance with rule 9 & not subject to discipline if
 - appropriately prescribing CS
 - following section 8
 - not in violation of NPA, BON rules or Pain Relief Act

***This document does not address any other sections of Rule 9, including those addressing PMP & CE requirements. We encourage APRNs to be familiar with the full Rule, available on the New Mexico Board of Nursing website.**