A pathway to manage chronic or benign pain

FOR OUTPATIENT PROVIDERS AND PHARMACISTS

ketteringhealth.org/pause
Dear Colleague,

Pause is a pathway to manage chronic or benign pain. It is about taking a moment to pause and consider alternatives to opioids. It is designed in collaboration with Pain Management and Addiction Medicine, supported by literature, and tested by physicians in emergency medicine and hospitalist medicine.

Facing an Opioid Epidemic
Over the years, the number of patients who have been prescribed high doses of long-acting narcotics has escalated. We see the consequences: In 2012, the number of overdose deaths outnumbered the number of deaths from motor vehicle accidents. More and more patients of all ages are seen suffering from acute, life-threatening heart, brain, and spine infections; sepsis; organ failure; and chronic disabilities. Patients in the Emergency Department ask for more and higher doses of narcotics.

As an emergency physician at Kettering Health Network, I’ve seen the consequences first hand. Sadly, in May 2017, the number of overdose deaths in Montgomery County, Ohio, eclipsed that of 2016. Per capita deaths in the county were the densest in the entire nation.

Creating Effective Guidelines for Clinicians
Because of this need, we developed a program as a network-wide initiative at Kettering Health Network. We reinforced it by embedding it in electronic medical record education, providing laminated posters in the Emergency Departments, training our medical teams, and tracking reports of opiate prescribing within our electronic medical record. Each piece, individually and in total, has been essential to the results we are seeing today.
We, as a group, are more careful and are taking a pause before prescribing addictive or controlled substances. After implementing these steps, Kettering Health Network’s opiate use has dropped approximately 20%. Repeat emergency visits for minor pain complaints have decreased by more than 50%. Even as we continue to see high acuity and high volume, we maintain our commitment to delivering compassionate health care.

**A Vision for the Future**

As clinicians, we want to help treat disease and alleviate suffering. As prescribers, we need to be particularly thoughtful so we do not contribute to the start or restart of an addiction, which causes suffering with long-reaching effects. The strongest voice I hear is from families of addicts—they want to see change. With intentional practices, we can be part of the solution.

Using the Pause program, clinicians have an effective pathway for pain management, avoiding narcotics whenever possible. Physicians can use the pathway when prescribing. Pharmacists can step in to guide a prescriber and propose an alternative. Health organizations can use this guide to promote smarter prescribing practices for pain management.

**Join us.**

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What is Pause?
Pause is a pathway to manage chronic or benign pain. It is about taking a moment to pause and consider alternatives to opioids. It is designed in collaboration with Pain Management and Addiction Medicine, supported by literature, and tested by emergency medicine and hospitalist medicine physicians. Its use has been applauded by primary care medicine physicians.

Why Pause?
We want to remind providers to take a moment to pause and contemplate alternatives to opioids.

Keys to Success

• **Standardization**
  Every prescriber is working off the same platform.

• **Education**
  Use the easy-to-remember figure visual with keys to supportive care.

• **Integration**
  Build this pathway into electronic medical record. It is easy to recall and correct dosage. Providers are only one click away from Rx.

• **Accountability**
  Prescribers are measured against peers. What is their morphine equivalent/patient ratio and how does it compare to others in their field and practice of medicine?

Addiction does not discriminate. As clinicians, we need to pause to help our patients and their families find a solution that will be best for them.  

Addiction is Like Other Diseases
It is preventable.  
It is treatable.  
It changes biology.  
If untreated, it can last a lifetime.

Take a moment to pause and consider alternatives to opioids.
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Non-opioid prescriptions to manage chronic or benign pain

**1. CHRONIC BENIGN HEADACHE**
- NSAIDs
- Triptans
- Muscle relaxer
- Anti-emetic
- Steroids if protracted headache
- Biofeedback
- Prophylaxis
- Discontinue daily rescue meds in Rebound Headache Syndrome

**2. CHRONIC DENTAL PAIN**
- NSAIDs
- Chlorhexidine (Peridex) mouth rinse
- Benzocaine topical
- Antibiotic if infection
- For TMJ
  - Muscle relaxer
  - OTC bite block

**3. CHRONIC NECK OR BACK PAIN**
- NSAIDs
- Muscle relaxer
- Lidocaine topical or patch
- Gabapentin (Neurontin) if neurogenic pain
- Trigger point injection
- Massage
- TENS
- Physical therapy

**4. CHRONIC JOINT PAIN**
- NSAIDs
- Muscle relaxer
- Lidocaine topical or patch
- Compression sleeve or splint prn
- Physical therapy
- Weight reduction prn

**5. CHRONIC ABDOMINAL PAIN**
- Dicyclomine (Bentyl) or Hyosamine (Levsin)
- Anti-emetic
- H2 blocker or PPI
- Stool softener if constipation; intermittent laxative use prn
- Muscle relaxer may be helpful in some cases
- Diet recommendations
Keep the patient S.A.F.E.

**S**edating?
Is the medication sedating? If so, is there an effective alternative?

**A**ddictive?
Is the medication addictive? If so, is there an effective alternative?

**F**ixed quantity.
Make sure prescriptions are given in an appropriate fixed quantity.

**E**ffective at lowest possible dose.
Prescribe the lowest possible dose to manage the patient's pain.

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**Reminders FOR PATIENTS**

**Safe Home**
A safe home is one where medications are safely disposed of after they are no longer needed.

**Safe Family**
A safe family has an empty medicine cabinet and keeps prescriptions in a locked box.

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Take a moment to pause and consider alternatives to opioids.
Always consider these factors when prescribing

- Age, comorbidities, and risk/benefit ratio should be considered with any prescription order.
- Consider specialty referral prn.
- Consider acetaminophen with any pain syndrome, unless contraindicated.
- Unresolved behavioral health conditions often accompany somatic complaints—specialty referral as appropriate.
- Gastroparesis reminder: all opiates are contraindicated in the setting of gastroparesis as they slow GI transit; educate patient as needed.
- Cannabinoid hyperemesis syndrome should be considered in cases of recurrent vomiting and abdominal cramping, and is best treated primarily by discontinuation of cannabinoid products.
- Opioid-induced hyperalgesia (hyperacute response to even minor physical activation) may be triggered by rapidly escalating doses or chronic opioid use; treatment is to wean.

Non-prescription Treatment Options

- **Lifestyle counseling**
  Lifestyle counseling can help patients with weight reduction, stress reduction, biomechanics, cognitive behavioral therapy, biofeedback, and smoking cessation.

- **Therapies**
  Occupational therapy, physical therapy, manipulation, and massage therapies can help with pain management.

- **Dietary modifications**
  - For abdominal pain, recommend a “low FODMAP diet,” which is an acronym for: Fermentable, Oligosaccharides, Disaccharides, Monosaccharides, And Polyols.
  - For migraines, avoid dietary triggers such as alcohol, aged cheese, meats with nitrates, monosodium glutamate, and chocolate.