

NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE	CHAPTER <u>Medical/Forensic Services</u> STATEMENT NUMBER <u>6.41</u>
SUBJECT: PAIN MANAGEMENT CLINIC PROCEDURES PROPONENT: <u>Helen Hanks, Acting Admin. Director</u> <i>Name/Title</i> <u>Medical/ Forensic Services 271-5611</u> <i>Office Phone #</i>	EFFECTIVE DATE <u>06/01/11</u> REVIEW DATE <u>06/01/12</u> SUPERSEDES PPD# <u>New</u> DATED <u>N/A</u>
ISSUING OFFICER: <hr/> <i>William Wrenn, Commissioner</i>	DIRECTOR'S INITIALS _____ DATE _____ APPENDIX ATTACHED: YES _____ NO _____
REFERENCE NO: See reference section on last page of PPD.	

I. PURPOSE:

- A. To provide safe pain management to the incarcerated patient who meet the clinic diagnosis for treatment per the NH Department of Corrections' Chronic Pain Clinic Treatment Guidelines.
- B. To facilitate a process of continuous quality improvement as it applies to pain management
- C. To manage outcomes of pain management being mindful of substance abuse/addiction issues, situational constraints, side effects and complications.
- D. To manage physical and psychosocial symptoms associated with pain while promoting increased functionality and self responsibility for improved quality of life with minimal pharmacological intervention whenever possible
- E. To establish a multidisciplinary program for pain management in a correctional setting and promote changes to improve the quality and safety of pain management.

II. APPLICABILITY:

To all staff involved in the medical care of inmates

III. POLICY:

It is the policy of the Department of Corrections to provide patient care for pain management of the incarcerated patient both acute and chronic. Our strategy is to develop the formal means within the Department to evaluate pain management and work to continuously improve outcomes by developing a Pain Management Clinic within treatment guidelines.

IV. PROCEDURE:

A. Multidisciplinary Teams include:

1. Physician/Advanced Registered Nurse Practitioner – primary contact for the pain clinic, responsible for reviewing the prescribing regimen for all pain clinic patients
2. Nurse – one per facility to coordinate care for pain clinic patients
3. Physical therapist
4. Chief Pharmacist
5. Mental health practitioner – one per facility

6. Counselor/Case Manager/s – as indicated by the patient
 7. Dietician as indicated
 8. Security staff as indicated
- B. Approaches to the Management of Acute Pain
1. Fracture Pain
 - a. Narcotic for 7 to 10 days
 - b. Ice as indicated
 - c. Evaluation by provider at conclusion of prescription – no follow-up narcotic
 - d. Follow-up with orthopedist if indicated
 2. Sprain/Strain/Hematoma
 - a. NSAID
 - b. Ice/Compression/Elevation
 3. Head Injury
 - a. NO NSAIDS fir the first 24-48 hours - Tylenol only unless contraindicated
 - b. No Narcotics

{Narcotics which suppress cognition (the ability to think) and respiration work against the higher priority of awakening the person's mental and physical systems. Closed head injury can worsen with sedation}.
 4. Kidney Stones
 - a. No narcotics without evidence through diagnostic imaging
 - b. Alternative, if witness hematuria by health care provider short-term narcotic use may be appropriate 7-10 days.
 5. Facial Fracture
 - a. Trial of Tylenol
 - b. If No, change in mental status then re-evaluate in 2 – 3 days
 6. Muscle Tear/Tendon Tear
 - a. NSAID
 - b. Ice
 - c. Elevation/Compress
 - d. Follow-up with orthopedist if indicated
 7. Abscess
 - a. NSAID
 - b. Inversion and drainage if indicated
 8. Cardiac
 - a. **Immediate** evaluation before medication regimen determined
 - b. Suggest Oxygen/Aspirin while determination made
 9. Post Cardiac Procedure
 - a. Review discharge recommendations
- C. Criteria for Admittance to a Multidisciplinary Pain Program
1. Thorough examination and evaluation by a medical practitioner with referral to Pain Clinic to include patient functional levels. ROM/strength deficits/neuromuscular findings/ +S/S –testing documented by referring provider.
 2. Previous methods of treating pain have been unsuccessful (include list of current and past medications as well as outside records).
 3. Patient has significant loss of ability to function resulting from chronic pain as evidenced through medical chart/provider interventions.
 4. Full completion by the referring provider of the Pain Clinic Referral Form (attachment 1) with attached supportive documentation to include any and all releases of information.
- D. Parameters for NHDOC Pain Clinic
1. Pain clinic participants' medical files will be specifically flagged, all pain clinic documents shall be on lime green paper
 2. Patient is involved in substance abuse services or mental health interventions as recommended.

3. Patient must complete pain assessment evaluation tool and maintain pain logs.
 4. Patient must participate in mental health assessment and proposed treatment program.
 5. Patient must participate in some type of exercise program specifically designed for the Individual, as assessed.
 6. Written patient controlled substance agreement outlining provider responsibilities as well as patient responsibilities and realistic goals.
 7. Random urine and blood drug screenings.
 8. Close monitoring of inventory of meds with immediate reports to physicians and pharmacy upon violation. This would result in possible medication termination.
 9. Use of liquid medications when and if available
- * For detailed information please see the Pain Management Treatment Agreement and Informed Consent Form.
- E. Criteria for Acceptance into the NHDOC Pain Clinic
1. Through chart review by a Pain Clinic Physician/Nurse
 2. Documented long term use of MS Contin/Vicodin/Tylenol 3/Ultram/Muscle Relaxants/Gabapentin for chronic pain treatment
 3. Clinical findings/diagnostic imaging that indicates pathology
 4. Determination that surgical interventions to eliminate pain are not eminent or appropriate
 5. Determination that a multidisciplinary approach to pain control would be of benefit to the patient
- F. Outline of Documentation for Use in the Pain Management Clinic
1. Pain Management Clinic Referral
 2. Updated Initial/Repeat Medical Data (replaces Initial/Repeat Physical Form)
 3. Chronic Pain Clinic Chart Audit Tool
 4. Screener and Opioid Assessment for Patients with Pain or other similar tool
 5. Pre-Clinic Patient Self-Assessment Tool
 6. Nursing Pain Management Clinic Flowsheet
 7. Physical Therapy Pain Management Clinic Treatment Flowsheet
 8. Informed Consent
 9. Patient Medical Management Agreement
 10. Functional Capabilities Assessment (to be done by outside provider as determined by the Pain Management Team/Treatment Plan)
 11. Pain Assessment and Documentation – Progress Note
 12. Patient Pain Log
- G. Termination from Pain Management Clinic
1. Patients will be terminated from treatment if evidence of diversion, selling or misuse of medications or other illegal substances is founded through investigation and/or disciplinary.
- H. On-Going Monitoring of Pain Management Clinic Patients
1. Physical therapy will follow-up post the initial evaluation, monthly with intervals to follow based on continued evaluations and treatment plan updates.
 2. Nursing will follow-up monthly post initial evaluation to conduct on-going patient education and redirection to treatment plan goals as well as document medication issues.
 3. The Pain Management Clinic will conduct bi-monthly clinics with patients to review on-going treatment plan needs and documentation of progress.
 4. Advisability of continued medication therapy is based on on-going evaluation by a multidisciplinary treatment and risk assessment.

REFERENCES:

Standards for the Administration of Correctional Agencies
Second Edition Standards

Standards for Adult Correctional Institutions
Third Edition Standards

Standards for Adult Community Residential Services
Fourth Edition Standards

Standards for Adult Probation and Parole Field Services
Third Edition Standards

Other

1. *Department of Veterans Affairs, Department of Defense (2003). VA/DoD Clinical Practice for the Management of Opioid Therapy for Chronic Pain.*
2. *College of Physicians and Surgeons of Ontario (2002). Evidence-Based Recommendations for Medical Management of Chronic Non-Malignant Pain*
3. *American College of Occupational and Environmental Medicine's Occupation Medical Practice Guidelines (2008).*
4. *Opioids in the Management of Chronic Non-Cancer Pain; An Update of American Society of the Intervention Pain Physicians' (ASIPP) Guidelines (2008).*
5. *Washington State Agency Medical Directors' Group (2007). Interagency Guideline on Opioid Dosing for Chronic Non-Cancer Pain: An Educational Pilot to Improve Care and Safety with Opioid Treatment.*
6. *Federation of State medical Boards of the United States, Inc. (2004). Model Policy for the Use of Controlled Substances for the Treatment of Pain.*
7. *Utah Department of Health (2009). Utah Clinical Guidelines on Prescribing Opioids for Treatment of Pain.*
8. *Inflexxion (2007) The PainEdu.Org Manual: A Pocket Guide to Pain Management.*

HANKS/pf

Attachment



NH Department of Corrections: Division of Medical & Forensic Services
Pain Management Clinic Referral

Date Referral Written: _____

The Purpose of this Referral form is to be a tool to assess chronic and debilitating pain. It is not the intention of the pain management team to assess acute causes of pain nor is it this clinic's mission to assess pain related issues that are suspected to be related to substance abuse or diversion. It is the responsibility and obligation of each provider to manage acute pain and diversion of medications accordingly. Patients that have had a formal disciplinary action that demonstrated diversion are not candidates for the Pain Management Clinic.

Patient Name: _____ **ID#:** _____ **DOB:** _____
Facility: _____ **Provider:** _____

Primary Diagnosis:

Secondary Diagnosis:

Current Medications	Date Prescribed/By Whom	Dosage

Testing / Results:

Summary of findings from ROI of outside Tx :

Summary of findings from outside consults:

Summary of Case Management to date:

Reason for referral (Include Interventions used prior to Pain Clinic Referral):