



# Newton Medical Center

*Family friendly. First class.*



## **NEWTON MEDICAL CENTER**

Position Statement on Pain  
Management and Opioid Usage



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**“We have an ethical responsibility to relieve patient pain and suffering. This includes managing pain in a way that will not cause future harm to the patient or our community.”**

Vallerie Gleason  
NMC President and CEO

Charles Craig, MD  
NMC Chief Medical Officer

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Endorsed by NMC Board of  
Directors on 11/29/18

Endorsed by NMC Medical Staff  
on 10/18/18

Endorsed by Newton Medical  
Center Management/Executive  
Staff on 10/23/18

Due to the prevalence of opioid use and abuse and the opioid epidemic that has been featured in the news, medical journals, and other venues, Newton Medical Center (NMC), in cooperation with the NMC Medical Staff, offers this position statement on opioid use.

### Background

Addressing pain deserves thoughtful consideration. The relief of human pain and suffering is at the core of caring about one another. Physicians must determine in all prescribing situations if relative advantages outweigh the risk; this is especially true with opioids.

Opioids are a class of drugs that include legal pain relievers such as oxycodone, hydrocodone, codeine and morphine; synthetic drugs such as fentanyl; and illegal drugs such as heroin. Opioids are typically prescribed to relieve pain. The increased use of opioids was in part stimulated by spurious research and a single opinion published in a reputable juried medical journal that suggested addiction only occurred rarely in people using opioids (<1%). Opioid use and the touted safety of opiates was also promoted by pharmaceutical manufacturing companies. Most physicians now dispute the claims that opioids are not addictive. With this recognition comes credible evidence that Kansas physicians have significantly changed their opioid prescribing practices.

Another factor that likely led to the aggressive treatment of pain was the implementation of healthcare regulations that required healthcare workers to measure pain as The Fifth Vital Sign and penalized hospitals and providers for failing to maintain the patient in an “always pain-free” state. But these actions too were questionable since pain is subjective and cannot be measured like temperature, pulse, blood pressure and respiratory rate, and frankly, all pain cannot be eliminated at all times.

Given these factors, excessive amounts of opioids were prescribed to patients. While it is important to manage a patient’s pain, it is also necessary to be prudent in the amount of medicine distributed.

As opioid prescriptions increased, corresponding growth in the rates of abuse, misuse, overdose, and deaths have occurred. In response, many healthcare professional associations developed pain management guidelines and stances on opioid prescribing. These guidelines generally emphasize individualized pain care plans that include frequent medical monitoring. The guidelines also emphasize the improvement and maintenance of human functioning as a main goal.

## Pain Management Position Statement

Newton Medical Center and the Medical Staff believe we have an ethical responsibility to relieve patient pain and suffering. Patients deserve appropriate pain management. Our approach aims to be individualized, multi-modal, and inter-disciplinary. Treatment is evidence-based and the analgesic selection could include a wide array of medications ranging from acetaminophen to nonsteroidal anti-inflammatory drugs (NSAIDs) to opioids supplemented with other comfort measures such as ice packs, re-positioning, movement, and staff presence.

Guidelines for acute pain management encourage physicians and patients to utilize opioids as sparingly as possible and to switch from them to the NSAIDs or other over-the-counter analgesics as soon as possible. It is now generally understood that opiate use in acute pain management should be time-limited and total-dosage limited.

Patients with chronic pain disorders from various causes are harder to manage. Again the amount of opiates should be carefully controlled by the prescriber, involve a high degree of cooperation with the patient up to and including a pain management contract, and possible periodic quantitative or qualitative analysis. Chronic pain management ultimately demands a high degree of trust between patient and prescriber. The patient should obtain narcotics and related medications from only one physician or pain management specialist. Other forms of pain management such as physical therapy, stress management and exercise should be encouraged. Again, the use of acetaminophen and/or anti-inflammatories should be considered.

Patients with cancer or painful terminal illnesses constitute a special category of management that is not specifically addressed here other than to say analgesic pain relief by opioids are offered under controlled circumstances by qualified prescribers in the amount needed for humane symptom relief.

NMC and its medical staff utilize K-TRACS and other methods to screen for multi-prescriptions and/or multi-providers including veterinarians where patients may also obtain prescribed opioids.

NMC and its medical staff do not condone the use of illicit drugs or the use of medications by one person that are prescribed for another. NMC and its medical staff do not condone the behavior of utilizing our facilities and prescribers to obtain legal prescriptions for any purpose other than what is intended by the prescriber, including illegal or illicit use of the prescription or feigning pain in order to obtain a prescription.

NMC and the Medical Staff are dedicated to providing safe and effective use of all medications used to treat pain.

### STATISTICS:

	Opioid deaths per 100,000
1999	National = 2.7 Kansas < 5.3
2014	National = 8.0 Kansas < 6.4
2016	New Hampshire = 35 West Virginia = 41

### MORPHINE MILLIGRAM EQUIVALENTS

1 mg Codeine =  
0.15 mg morphine

1 mg Fentanyl patch =  
2.4 mg morphine

1 mg Hydrocodone =  
1 mg morphine

1 mg Oxycodone =  
1.5 mg morphine

1 mg Dilaudid =  
4 mg morphine

### References:

1. American Hospital Association – New Hampshire Opioid Crisis, a Community Response. August 2017.
2. CDC Guidelines for Prescribing Opioids for Chronic Pain. U.S. 2016.
3. Opioid Prescribing Guidelines for Common Surgical Procedures: An Expert Panel Consensus. Journal of the American College of Surgeons. July 2018.
4. Quinones, Sam. Dreamland. 2015. Bloomsbury Press: New York

**Patient Education  
Resource On Back**



# OPIOID SAFETY

## Take Charge of Your Pain Management

### REDUCE OPIOID USAGE

Everyone's needs are different when it comes to pain management. When healing, being 100% pain free is unrealistic. Work one-on-one with your physician and medical staff to use opioids as sparingly as possible. Limiting your duration of usage and dosage is key.

Questions to ask<sup>1</sup>:

- Why do I need this medication - is it right for me?
- How long should I take this medication?
- Are there non-opioid alternatives I can use?
- How can I reduce the risk of potential side effects?
- What if I or a family member have a history of addiction with tobacco, alcohol or drugs?
- Could this interact with other medications?
- How should I store medication to keep others safe?
- Can I have an prescription for Nalozone?

### HANDLE RESPONSIBLY

- Never sell or share prescription medications.
- Don't take opioids with alcohol.
- Store medications in a secure place, out of reach of others (including children, family, and visitors).
- Properly dispose of any unused medications through a drug take-back program or following guidelines from the Food and Drug Administration. <https://bit.ly/2FSsvIV>

### EDUCATION & MONITORING

Opioid addiction does not discriminate. Opioids reduce the intensity of pain signals, producing a temporary euphoria that can become addictive. Anyone can fall victim, so education and monitoring is key.

Common types of prescription opioids are codeine, oxycodone (OxyContin), hydrocodone (Vicodin), oxymorphone, morphine, and sometimes Fentanyl.

- Talk to your doctor about any and all side effects or concerns when taking an opioid.
- Follow up regularly with your doctor.
- Never take opioids in greater amounts or more often than prescribed.

### SEEK ALTERNATIVES

Some pain management options may actually work better than prescription opioids. Talk to your health care provider about these alternatives:

- Pain relievers and anti-inflammatories such as ice packs or heat, acetaminophen, aspirin, ibuprofen and naproxen;
- Physical therapy, re-positioning and exercise, or
- Cognitive behavioral therapy to modify triggers of pain and stress management.

<sup>1</sup><https://www.fda.gov/ForConsumers/ConsumerUpdates/ucm529517.htm>