Cook Children's

SAFE AND SOUND
Pain Management

PRESCRIBING

Acute Pain Guidelines

Patient with Acute Pain

Is non-opioid therapy sufficient for pain management?

(i.e. APAP, NSAID, combination of ibuprofen and acetaminophen, muscle relaxant, heat, ice, immobilization, etc.)

yes → Continue scheduled therapy and ensure education on safe pain medication use

no →

Conduct Opioid Risk Tool Assessment

Patients < 12 years old: Family risk assessment

Patients >= 12 years old: Family risk assessment and Adolescent risk assessment

No or low risk:
Negative on all risk assessments

Proceed with caution when using/prescribing opioid therapy:

- Limit amount of opioids prescribed.
- Avoid long acting or acetaminophen containing opioid products.
- Add pain to the problem list and document the pain management plan in Epic.
- Discuss goals and expectations for pain management.
- Transition to oral dosage forms when patient is able to tolerate.

If opioid therapy is indicated at discharge:

- Prescribe short-acting opioids only.
- Educate patient/family on (1) risks of opioid abuse and diversion, (2) safe storage and disposal, and (3) bowel regimen.
- Check the Texas Prescription Drug Monitoring Program website.

Moderate to high risk:
Positive on any 1 risk assessment

Consider the following options/resources prior to prescribing opioid therapy:

- Discussing concerns with patient and/or caregiver.
- Consulting with Social Work.
- Consulting with the Acute Pain Service.
- Checking the Texas Prescription Drug Monitoring Program website.
- Consulting with the patient's primary care provider.
- Ordering a urine drug screen.
- Extending hospital stay for duration of opioid therapy, ensuring discussion with case management and documentation of rationale.
- Referring to a substance abuse treatment center.

! Opioids must be accompanied by multi-modal therapy

If discharging from ED/UCC:

- Limit amount prescribed to a maximum of 5 doses of opioid.
- Advise patients with persistent pain to follow-up with PCP or sub-specialist for re-evaluation.

If discharging from AMBULATORY PROCEDURE:

- Limit amount prescribed to a maximum of 15 doses of opioid for severe pain.
- If patient/family screens moderate/high risk OR on-going acute pain (> 7 days) is likely, ensure PCP or sub-specialist follow-up appointment is scheduled within seven days.

If discharging from INPATIENT SERVICE:

- Limit amount prescribed to a maximum of 15 doses of opioid for severe pain.
- If patient/family screens moderate/high risk OR on-going acute pain (> 7 days) is likely:
  - Ensure verbal communication with PCP prior to discharge.
  - Ensure PCP or sub-specialist follow-up appointment is scheduled within seven days.