

# Reduce Your Risk: Opioid Prescribing

Managing pain and prescribing opioids has evolved into a very high-risk practice for medical providers. As the number of prescribing practices and the opioid epidemic continues to grow across the United States, prescribing is now regulated and is considered lawful when opioids are prescribed for “legitimate medical purpose” and “in the usual course of professional practice.” The Drug Enforcement Administration (DEA) coins these terms; however, the DEA refuses to truly define these concepts.

## Provider Checklist of Considerations to Decrease Liability Exposure:

- Know your state and federal guidelines for opioid prescribing
- Develop written policies for managing chronic pain patients
- Obtain prior medical treatment records
- Conduct a thorough physical exam at the outset of prescribing and at regular intervals while under therapy
- Assess patient’s risk of abuse, diversion, addiction, overdose, or misuse
- Develop a written treatment plan
- Discuss treatment with opioids with the patient and document an informed consent process on the risks/benefits (specifically for risk of addiction) and alternatives to treatment
- Execute a written controlled substance treatment agreement
- Provide patient education
- Conduct medication reconciliation at every visit using a standardized format
- Develop documentation guidelines (formatted by consistency)
- Limit pill supply to 30-day prescriptions
- Consider effective alternative pain management and use opioids as conservatively as possible
- Assess for signs of opioid dependence at each visit
- Conduct urine drug screens at the first visit and at subsequent visits to screen for signs of diversion
- Run a report from a prescription monitoring program
- Limit prescriptions to short term and small supply for acute conditions
- Consider alternatives and, if possible, avoid using opioids for short-term/acute pain, such as postoperative pain, pain related to dental procedures, and pain related to physical trauma/injury
- Strongly consider alternative pain management in patients who
  - are on benzodiazepines (for anxiety),

- have obstructive sleep apnea—due to the risk of respiratory suppression,
- have a history of significant depression,
- have a history of suicide attempts or other behavioral health concerns that could demonstrate risk factors for opioid abuse, or
- have a history of illicit drug use.

