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To: Scott & White Memorial Hospital Providers
From: Medical Staff Executive Committee
Date: January 22, 2013
Re: Narcotic Pain Management for Scott & White Memorial Patients.

Pain control is an essential element of comprehensive care for our patients at Scott & White Memorial Hospital. The Scott & White Memorial Hospital - Medical Staff Executive Committee (MSEC) is providing the following as expectations in regards to narcotic pain management for Scott & White Memorial Hospital and Clinic patients:

1. All Scott & White Memorial Hospital care providers should assume responsibility for the pain control needs of their primary service patients. Fulfillment of this responsibility may be through personal provision of this service, prearranged collaborative arrangements or Departmental protocol. Several guiding principles pertain to this service need:
 - a. Providers of pain medication must do so in accordance with the regulations of the Texas Medical Board. This provision requires that providers of pain medication must first establish and document a proper professional relationship with the patient. A 'proper professional relationship', at a minimum, requires:
 - i. Establishing that the person requesting the medication is in fact who the person claims to be;
 - ii. Establishing a diagnosis through the use of acceptable medical practices such as patient history, mental status examination, physical examination, and appropriate diagnostic and laboratory testing. An online or telephonic evaluation by questionnaire is inadequate;
 - iii. Discussing with the patient the diagnosis and the evidence for it, the risks and benefits of various treatment options; and

- iv. Ensuring the availability of the licensee or coverage of the patient for appropriate follow-up care.
2. Providing pain control related to a surgical procedure is the responsibility of the operating surgeon for a period of ninety days following the procedure unless alternative agreements are in place. Exceptions to this provision may be made when patients are receiving chronic narcotic management by another provider and the patient is beyond the usual period of surgical pain.
3. It is strongly encouraged that providers routinely caring for patients with severe pain have prescribing authority for Schedule II medication;
 - a. Including providing appropriate Schedule II scripts as their patients require.
 - b. It is inappropriate to consult the Anesthesiology Acute Pain Management Service for discharge medications only.
 - c. Departments may develop their own process of providing Schedule II prescriptions for patients of their providers who are unable to provide Schedule II scripts to patients.
 - i. where providers who provide Schedule II scripts for their colleague's patient, the prescribing provider must establish and document appropriate professional provider-patient relationship in accordance with 1a, I-IV, above.
4. Those providing management of acute medical or surgical pain will assure that appropriate provisions are made for transfer of this responsibility when appropriate.