
STANDARD OPERATING PROCEDURE

CHRONIC PAIN MANAGEMENT PATIENTS - 3 SEQUENTIAL PRESCRIPTIONS for SCHEDULE II MEDS.*

1. All patients receiving schedule II medications on a regular basis for pain management MUST complete a contract.
 - a. Contract must be dated after 03/01/2008 (revision of contract done at that time).
 - i. Initial signature on contract indicates education and review of contract with provider.
 - b. Contract must be renewed by resigning periodically (minimum of every three years).
2. Sequential prescriptions for schedule II meds (ONLY to be used with chronic pain management CONTRACT patients)
 - a. At time of appointment, three #28 day prescriptions for each pain regimen may be written as outlined below.
 - b. Patient must be scheduled back to see provider in exactly 12 weeks (or with another provider or earlier appointment if no available appt). Patients should be scheduled back at more frequent intervals if concerns regarding breaches of contract or clinically indicated.
 - c. Scheduling or triage may use frozen spot if primary care provider does not have open follow-up spot.
 - d. If patient does not or is unable to return in 12 weeks, attending physician in clinic may re-write one #28 day prescription (at discretion of attending physician and pain management oversight coordinator).
3. Sequential prescription for schedule II medications – process
 - a. MUST be completed in Cerner (unless extraordinary circumstances) and printed on watermark paper.
 - b. Three prescriptions
 - i. Each must include full name of schedule II medication and dose.
 - ii. Each must include current date (included in Cerner).
 - iii. 2nd and 3rd script (under current date) must include direction “ DO NOT FILL BEFORE _____ ”
 1. Use 28-day intervals for “Do not fill before” dates
 2. Write for a 28-day supply
 3. Adjust last prescription to supply enough pills for patient to get back to see you in clinic.
 - iv. Full printed name of physician, DEA and license number (included in Cerner scripts)
 - v. Signature of physician
 - vi. If written scripts used (extraordinary circumstances only), all schedule II substances must be written on safety scripts. Name label should NOT be used. Name and Date of Birth must be included.
 - c. Documentation
 - i. Cerner – must add to medication list in Cerner if handwritten AND copy scripts as give to patient (copy to chart, physician responsibility)
 - ii. Note – Notation in progress note that schedule II medications were written for chronic pain management. Include notation regarding pain status, can refer to pain medication flowsheet, med list in cerner and chronic pain management contract
 - iii. Pain medication flowsheet – complete documentation of prescriptions (physician responsibility)
 1. Fill out all sections across row, including “do not fill before” dates
 2. Patient signs row, indicating receipt of each prescription
4. Monitoring, quality assurance
 - a. One nurse or nurse manager will be identified as the chronic pain management oversight coordinator
 - b. Coordinator will randomly select five patient records per month to review that protocol is being followed
 - c. Gaps in protocol will be recorded and presented to clinic leadership team quarterly. Feedback will be given directly to provider involved. Physicians may bring patients back more frequently, perform urine drug testing and perform pill counts as indicated by clinical situation.
 - d. Patients with pain management contract will be logged into a pain management database, to include date of initial contract, breaches in contract (patient or physician)
 - e. Monthly documentation of charts reviewed will be logged in database with breaches in protocol