







- Prescribe, dispense, or administer controlled substances outside the scope of your professional practice or in the absence of a formal practitioner-patient relationship

## **COMMUNICATING**

### With the Patient:

- Ensure adequate on-going monitoring of the patient and progress toward treatment goals
- Consider standardized assessment tool
  - Especially pain management (6)
  - Especially for buprenorphine treatment (7)
- Ensure adequate on-going monitoring of the medications – efficacy, side effects, etc.
- Informed consent
  - Nature of proposed medication
  - Risks and benefits of proposed medication, including
    - Severe risks, even if infrequent
    - Frequent risks, even if not severe
    - Potential for tolerance, dependence, addiction, overdose
    - Potential for driving impairment
  - Alternatives to proposed medication
  - Risks and benefits of alternative treatments
  - Risks and benefits of doing nothing
  - Prescribing policies
  - Reasons for which medication may be changed or stopped
- Use resources to assist with patient understanding
  - Medication guides
    - FDA (8)
    - Professional organizations, such as AACAP (9)
  - FDA’s “Patient Counseling Document for Opioids” (10)
- Your office policies related to prescribing controlled substances, such as:
  - Only one prescriber
  - Only one pharmacy
  - No replacement of lost or stolen prescriptions
  - Prohibition on dose or frequency increases by patient
  - Use of PMP
  - Random pill counts

- Random drug screening
- Etc.
- Consider the use of a treatment agreement, especially for pain management, which could include:
  - Intended benefits / goals of using controlled substances
  - Risks of the treatment, including tolerance, dependence, abuse, addiction
  - Prescription management – how patient can keep medications secure, etc.
  - Office policies
  - Termination for
    - Non-adherence
    - Aberrant behavior
  - Etc.
- Ensure the security of your prescriptions – from the DEA (11):
  - Use tamper-resistant prescription pads
  - Keep all prescription blanks in a safe place where they cannot be stolen; minimize the number of prescription pads in use
  - Write out the actual amount prescribed in addition to giving a number to discourage alterations
  - Use prescription blanks only for writing a prescription and not for notes
- Discuss proper disposal of unused medication

#### With Others:

- Ensure communication between all involved in the patient's care (such as covering physician, other treaters, etc.)
- Communicate with family members as authorized by the patient
  - In emergency situations, remember that safety of the patient or others is an exception to confidentiality, so no authorization is required
  - You can listen to what third parties want to tell you without breaching patient confidentiality, as long as you are not disclosing information

#### **CAREFULLY DOCUMENTING**

- Document your treatment decision-making process
  - Documentation allows your work to be understood
- Record should contain:
  - Medication log

- Evaluation
- Medical indication for prescribing
- Treatment plan – initial and updated
- Informed consent – including patient education materials
- Ongoing assessment
  - Adherence to treatment plan
  - Medication monitoring
  - Aberrant behavior
- Referral / consultation, if necessary
- Treatment agreement, if used
- Assessment forms, if used

**Sources:**

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