

## **Statement of the Connecticut Board of Examiners for Nursing On the Use of Controlled Substances for the Treatment of Pain**

### ***Section I: Preamble***

The Connecticut Board of Examiners for Nursing (Board) recognizes that principles of quality nursing practice dictate that the people of the State of Connecticut have access to appropriate and effective pain relief. The purpose of this statement is to express the Board's support for the development and implementation of practices to assure the appropriate application of up-to-date knowledge and treatment modalities, which can serve to improve the quality of life for those patients who suffer from pain as well as reduce the morbidity and costs associated with, untreated or inappropriately treated pain. For the purposes of this Statement, the inappropriate treatment of pain includes nontreatment, undertreatment, overtreatment, and the continued use of ineffective treatments.

The assessment and treatment of pain is integral to the practice of nursing. Therefore, the Board encourages nurses to view pain management as a part of quality nursing practice for all patients with pain, acute or chronic, and it is especially urgent for patients who experience pain in conjunction with terminal illness. All nurses and health care professionals should become knowledgeable about assessing patients' pain and effective methods of pain treatment. In addition, advanced practice registered nurses (APRNs) should know all state and federal statutory and regulatory requirements for prescribing controlled substances. Accordingly this Statement has been developed to encourage nurses to consider the importance of pain control, particularly as related to the use of controlled substances and to encourage comprehensive pain management.

The Board recognizes that applicable standards of care permit the use of controlled substances including opioid analgesics in the treatment of acute pain due to trauma or surgery and chronic pain, whether due to cancer or non-cancer origins. The Board also believes that APRNs should be able to prescribe, dispense or administer controlled substances, including opioid analgesics, when done for a legitimate medical purpose and in accord with applicable standards of care and applicable law. The Board recognizes that the aim of current practice guidelines is to control the patient's pain while effectively addressing other aspects of the patient's functioning, including physical, psychological, social and work-related factors. Current practice guidelines accept that tolerance and physical dependence are normal consequences of sustained use of opioid analgesics and are not pathognomonic of addiction.

The Board acknowledges the nursing community's view that the goals of effective pain management include (i) pain is to be assessed and treated promptly; (ii) the amount of medication and frequency of dosing adjusted according to the intensity, duration of the pain, and treatment outcomes; (iii) consideration of current clinical knowledge and scientific research; and (iv) the use of pharmacologic and non-pharmacologic modalities.

The Board is obligated under the laws of the State of Connecticut to protect the public health and safety. Connecticut law reflects the public policy that the use of opioid analgesics for other than legitimate medical purposes poses a threat to the individual and society and that the inappropriate prescribing of controlled substances, including opioid analgesics, may lead to drug diversion and abuse by individuals who seek them for other than legitimate medical use. Accordingly, current practice guidelines also note that effective pain management incorporates safeguards into the practice to minimize the potential for the abuse and diversion of controlled substances such as periodic reviews and written agreements outlining patient responsibility.

However, APRNs may face serious questions as to the legitimate medical purpose of a prescription where no provider-patient relationship exists or the prescription is not based on a diagnosis and clear documentation of pain.

As in all proceedings, matters involving issues of pain management will be reviewed and decided on a case-by-case basis. The Board may consider clinical practice guidelines, expert opinions, witness testimony, medical records and other relevant evidence. In accord with its case-by-case approach to such cases, the Board may not judge the validity of treatment solely on the quantity and duration of medication administration; may take into account whether the drug used is appropriate for the diagnosis as well as the outcome of pain treatment including improvement in patient functioning and/or quality of life; and will not assume that all types of pain can be completely relieved.

This statement is directed toward registered nurses. Although licensed practical nurses participate in the provision of pain management, they may only do so under the direction of a registered nurse.

### ***Section II: Nursing Principles of Pain Management***

The Board recognizes that the nursing community has encouraged the following practices as appropriate for the treatment of pain, including the use of controlled substances:

- A nursing assessment includes a comprehensive description of pain, objective data, and the need for physical, psychosocial/spiritual support, and identification of patients who may require specialized assessment, care and treatment.
- Nurses and other clinicians pursue the most effective modes of treatment to their maximal benefit.
- Nurses provide pain management even when the person is unresponsive.
- Nurses may utilize sedation as an acceptable means for controlling pain and discomfort.
- Nurses are responsible for maintaining the knowledge and skills necessary to coordinate optimal pain management, including but not limited to:
  - Ensuring that persons or their legal representative actively participate in the treatment plan and understand the options available for pain relief and potential side effects.
  - Educating persons and their families in a culturally competent manner regarding pain management.
  - Educating staff members about pain assessment, treatment and the common barriers to adequate pain management.
  - Using a standardized scale to periodically assess and document a person's pain in accordance with institutional or agency policies and procedures.
  - Developing and implementing a plan of care that prevents and alleviates pain as much as possible.
  - Administering medications and treatments as prescribed using knowledge to maintain both safety and pain relief.
  - Adjusting medication levels within the dosage and frequency ranges stipulated by the prescriber and according to the institution's/agency's established protocols.
  - Initiating non-pharmacological nursing interventions as indicated.
  - Serving as an advocate to assure effective pain management.
  - Communicating side effects or any reports of unrelieved pain to the prescriber and to appropriate team members.
  - Documenting pain assessment, intervention, evaluation and changes to the plan of care in a clear and concise manner.

## **1. Assessment**

A complete health history and physical examination must be conducted and documented in the health record.

## **2. Treatment Plan**

The plan should state objectives to be used to determine treatment, such as pain relief and improved physical and psychosocial function. The drug therapy plan should be adjusted to meet the individual needs of the patient and needs must be addressed and reassessed on a continuing basis. Other treatments modalities may be necessary based on the etiology of the person's pain.

## **3. Informed Consent**

The APRN should discuss risks and benefits of the use of controlled substances with patient and/or significant others depending on the health status of the patient.

## **4. Agreement for treatment of High Risk Patients**

If a patient is determined to be at high risk for medication abuse or with a history of substance abuse, the APRN should consider the use of a written agreement outlining patient responsibilities, including:

- urine/serum medication levels screening when requested;
- number and frequency of all prescription refills; and
- reasons for which drug therapy may be discontinued (e.g., violation of agreement).

## **5. Periodic Review**

The course of treatment and/or new information on the etiology of pain must be evaluated at reasonable intervals. APRNs involved with the management of pain should evaluate progress toward meeting goals in light of improvement in patients' pain intensity and improved physical or psychosocial function. If treatment goals are not being achieved despite medication adjustment, the health care provider should reevaluate and alter the treatment plan.

## **6. Consultation**

The APRN should be willing to refer the patient for additional evaluation and treatment as needed in order to achieve treatment goals.

## **7. Medical records**

The APRN should keep accurate and complete records to include:

- Medical history and physical examination, including;
  - Nature and intensity of the pain, including treatment for any underlying or conditions coexisting; and
  - Presence of one or more recognized medical indications for the use of a controlled substance;
- Diagnostic, therapeutic and laboratory results;
- Evaluations and consultations;
- Treatment goals;
- Discussion of risk and benefits, including treatment contract, if one has been established;
- Treatments;
- Medications including date, type, dosage, and quantity prescribed.;
- Instructions and agreements; and
- Periodic reviews.

### **Section III. Definitions**

For the purposes of this statement, the following terms are defined as follows:

#### **Addiction**

Addiction is a primary, chronic, neurobiologic disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that include the following: impaired control over drug use, craving, compulsive use, and continued use despite harm. Physical dependence and tolerance are normal physiological consequences of extended opioid therapy for pain and are not the same as addiction.

#### **Pain**

Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.

- **Acute pain** is the normal, predicted physiological response to a noxious chemical, thermal or mechanical stimulus and typically is associated with invasive procedures, trauma and disease. It is generally time-limited.
- **Chronic pain** is a state in which pain persists beyond the usual course of an acute disease or healing of an injury, or that may or may not be associated with an acute or chronic pathologic process that causes continuous or intermittent pain over months or years.

#### **Physical Dependence**

Physical dependence is a state of adaptation that is manifested by drug class specific signs and symptoms that can be produced by abrupt cessation, rapid dose reduction, decreasing blood level of the drug, and/or administration of an antagonist. Physical dependence, by itself, does not equate with addiction.

#### **Substance Abuse**

Substance abuse is the use of any substance(s) for non-therapeutic purposes or use of medication for purposes other than those for which it is prescribed.

#### **Tolerance**

Tolerance is a physiologic state resulting from regular use of a drug in which an increased dosage is needed to produce a specific effect, or a reduced effect is observed with a constant dose over time. Tolerance may or may not be evident during opioid treatment and does not equate with addiction.

*Adopted by the Connecticut Board of Examiners for Nursing on December 20, 2006.*