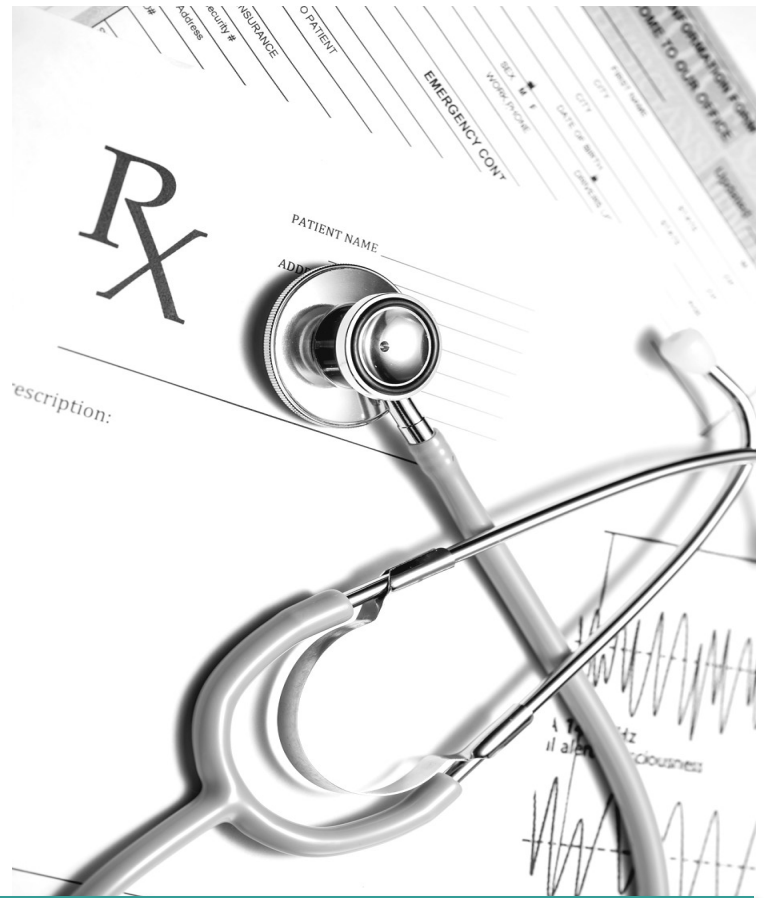




2018 Washington State Opioid Prescribing Requirements



for Advanced Registered Nurse Practitioners



Prescription Monitoring Program (PMP)

- ✓ ARNPs who prescribe opioids in Washington State are required to register with the PMP
- ✓ The ARNP is permitted to delegate performance of a required PMP query to an authorized health care designee
- ✓ PMP query must be completed at:
 - First opioid prescription
 - First opioid prescription refill or renewal
 - At each pain transition treatment phase (acute to subacute and subacute to chronic)
 - Periodic intervals for patient with chronic non-cancer pain

This document provides a synopsis of the opioid prescribing requirements for ARNPs; for more complete information, see page four for additional resources.

Opioid Prescription Schedule

Acute Pain 0 - 6 weeks	Subacute Pain 6 - 12 weeks	Chronic Pain 12+ weeks
Prior to prescribing opioids for non-operative and perioperative acute pain:	Prior to prescribing opioids:	When treating chronic pain patients with opioids:
 Conduct and document a patient evaluation	 Conduct and document a patient evaluation and PMP query	 Conduct and document a patient evaluation and PMP query
 Query the Prescription Monitoring Program (PMP) and document concerns	 Consider risks and benefits for continued opioid use. Document a patient treatment plan.	 Complete a patient treatment plan with objectives
 Document a patient treatment plan	 Consider tapering, discontinuing, or Transitioning patient to chronic pain treatment	 Complete a written agreement for treatment
 Provide patient notification on opioid risks, safe storage, and disposal	 Document transition to chronic pain if planning to treat patient with opioids beyond 12 weeks in duration	 Periodically review the treatment plan and query the PMP quarterly for high-risk, semiannually for moderate-risk, and annually for low-risk patients
 Include the diagnosis or International Classification of Disease (ICD) code on all opioid prescriptions		
 The ARNP must inform the patient of their right to refuse an opioid prescription. The ARNP must document a refusal in the patient record, and avoid prescribing, unless revoked by the patient.		



Exclusions

Rules do not apply to:

- Patients with cancer-related pain
- Palliative, hospice, or other end-of-life care
- Inpatient hospital patients
- Procedural pre-medications



Co-Prescribing

Opioids shall not be prescribed with the following medications without documentation in patient record, discussion of risks, and consultation with prescribers of other medications for patient care plan or consideration of tapering:

- Benzodiazepines
- Barbiturates
- Sedatives
- Carisoprodol
- Non-benzodiazepine hypnotics (Z drugs)

When co-prescribing opioids to a patient receiving medication assisted treatment (MAT):

- Consult the MAT prescriber or a pain specialist
- Do not discontinue MAT without documentation
- Do not deny necessary operative treatment due to MAT

Confirm or prescribe naloxone when:

- Opioids prescription is 50 MED or above
- Opioids prescribed to a high-risk patient
- As clinically indicated



Alternative Modalities

ARNPs must discuss pain management alternatives to opioids with each patient. ARNPs are encouraged to consider treating pain with:

- Acetaminophen
- Acupuncture
- Chiropractic medicine
- Cognitive behavior therapy
- Nonsteroidal anti-inflammatory drugs
- Osteopathic manipulative treatment
- Physical therapy
- Massage therapy
- Sleep hygiene



Special Populations

Patients 25 Years and Under

Treat pain consistent with adults, but account for weight and adjust accordingly.

Pregnant Patients

Weigh carefully the risks and benefits of opioid detoxification during pregnancy. Do not discontinue MAT without oversight by the MAT prescribing practitioner.

Patients 65 Years and Older

Consider change in tolerance, metabolism, and distinctive needs that occur with age.



Consultation Requirements

- Consultation with a Pain Management Specialist is mandatory when prescribing over 120 MED.
- For information on consultation exemptions, please review WAC 246-840-487 and WAC 246-840-490 online at the Washington Administrative Code website.



Patient Notification

- ARNPs must provide patient education on the risks, safe and secure storage, the right to refuse an opioid prescription, and proper disposal of opioids upon the initiation of treatment which is acute, and if it becomes subacute or chronic.
- Patient notification handouts are available for download on the DOH website.



Continuing Education Requirement

- All ARNPs who prescribe opioids in Washington State must complete a one-time four hour continuing education on best practices in the prescribing of opioids.
- Continuing education hours count towards license renewal requirement and must be completed no later than the first full license renewal period beginning January 1, 2019.

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Resources

- 2018 Opioid Prescribing Rules
www.doh.wa.gov/opioidprescribing
- Department of Health resources on opioid prescribing best practices, treatment and support, data, and other related resources:
www.doh.wa.gov/opioids
- To register with the Washington State Prescription Monitoring Program
www.wapmp.org
- Opioid prescribing best practices
www.cdc.gov