## "I'm Concerned About the Medications This Patient is Prescribed."

## SCOPE of Pain Colleague to Colleague Podcast #26

Welcome back to SCOPE of Pain's podcast series. This is Dr. Daniel Alford, Professor of Medicine and Course Director for the Boston University Chobanian and Avedisian School of Medicine's SCOPE of Pain Program.

I'm Ilana Hardesty, your moderator. In this episode, I'll be speaking with Dr. Daniel Alford, a primary care physician and an addiction medicine specialist at Boston Medical Center, and on the faculty at Boston University. And with Catherine Abrams, a clinical research nurse at Emory University School of Medicine in Atlanta. They'll discuss the roles nurses in primary care practices can play in the care of patients prescribed opioids for the treatment of pain.

A nurse in a primary care practice takes a phone call from a community pharmacist. The pharmacist is concerned about a patient in the practice who appeared sedated when picking up a prescription yesterday. When she reviews the patient's records, she notes prescriptions for both high-dose opioids and benzodiazepines. There is little documentation of why the patient is on these medications. What should she do?

Navigating the communication is difficult, and a great guideline for navigating this is found in the American Nursing Association Code of Ethics. Provision 3 states that the nurse promotes, advocates for, and protects the rights, health, and safety of all patients. 3.5 of that provision has a statement with the protection of patient's health and safety by acting on questionable practices, this can be applied to this case. So to summarize, the first step is to discuss the concerns with the provider. If the nurse still has concerns, then they might need to take it to their manager, and if it's still not resolved, then the manager and the nurse might need to discuss this with the Head of Practice, this is where the nurse's role of patient advocate really plays out. Nurses have a duty to advocate for patient safety and for guideline-based practices.

I can imagine that talking to this primary care clinician is going to be very anxiety provoking and quite challenging, and I'm wondering what your thoughts are about how that all occurs.

I would suggest to share, with no judgment, her concerns with the provider. I would state that there is no documentation of the ongoing monitoring for benefits and harms, which also puts the primary care clinician at risk if there's a bad patient outcome.

Okay, so the clinician states that she does not want to upset the patient as she's seen the patient for many years, and fears that the patient will be offended if they're asked to leave urine drug tests and bring in pills for pill counts. How would you respond to that, Catherine?

First as a nurse, I'd be grateful that the practice had already set up policies and procedures for monitoring opioids, and hopefully the provider and the nurse can work together as a team to develop a care plan as to how to implement these guidelines into the patient's care. It may help to explain that these are new practices based on the more current understanding of the potential risk of these medications and that we need to apply them universally to all patients in order to keep everyone safe from these potential lethal medications. A good first step is starting with the pain assessment and a nurse can do this. It not only establishes the relationship with that patient, but it starts the agreed documentation of the patient's pain, any benefits and function, and any aberrant behavior. It's also a great time to discuss with that patient on naloxone at home and education if needed. The patient assessment visit can help bridge that gap till the next patient appointment with the provider, who then can continue to incorporate the guidelines into the patient's care.

Thanks for listening, you're not alone in facing these challenging issues. This topic is addressed in more detail in the SCOPE of Pain Program available in online, live webinars, and podcast formats, where you can earn CME, CE, and ACPE credits. Visit mycme.com/scopeofpainlearningcenter.

