Key Points: Opioid Use for Acute Pain and Risk Assessment
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1. Contributors to opioid over use:
   a. Pain “5th Vital Sign”
   b. “Big Pharma” influence
   c. “Patient satisfaction” metric
   d. Labeling of oxycodone for pediatrics
2. Balance of individual need vs societal risk
3. Pharmacist’s role in pain management
   a. Screening & monitoring-adherence
   b. Medication histories-avoid ADRs and Drug Related Problems (DRPs)
   c. Develop pharmacy care plan
   d. Education & counseling
   e. Transition of care
   f. Prevent ED visits - poorly controlled pain
   g. Appropriate referrals prn
4. Common Acute Pain Conditions
   a. Musculoskeletal pain (acute low back pain)
   b. Headache
   c. Non-traumatic tooth pain
   d. Post-operative and procedural pain
   e. Sinus, Sore throat
   f. Trauma
   g. Acute exacerbation of chronic pain or opioid withdrawal presenting as acute pain
5. Pharmacologic management now includes supplements and herbal therapies (ex: turmeric-anti-inflammatory)
6. Conditions where opioids are not indicated:
   a. Fibromyalgia
   b. Headache
   c. Sore throat (i.e. self-limited illness)
   d. Uncomplicated musculoskeletal pain-uncomplicated back/neck pain
7. Opioid Risk Screening tools: Alcohol use is a risk for opioid use/misuse
   a. ABCDPQRS (ICSI Jan 2014)
   b. AUDIT-C (Alcohol Use Disorders Identification-Consumption Test) (Gen Intern Med. 2008)
   c. SBIRT Model for substance use (Screening, Brief Inventory, Referral to Treatment)-for patients with substance use identified

Selected References:
