

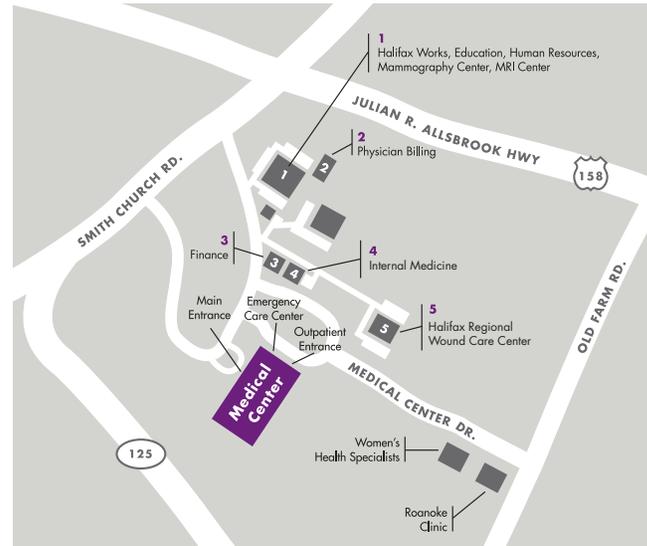
# We care

**We care about you and your health.** The best way to manage chronic, recurring pain safely is to work closely and consistently with your primary care provider to find the most effective treatment. Due to the recent increase in opioids medication overdose and death, emergency physicians have been advised to follow these guidelines.

For **chronic pain** we will prescribe nonnarcotic solutions for you to use until you can see a primary care provider.

In the event of an **acute problem** for which the Emergency Physician feels it is appropriate that a patient be given a narcotic or sedating medication (either by injection or by mouth), the hospital requires that a driver for that patient be physically present at the hospital. Patients who have received narcotic analgesia are not safe to drive and must be accompanied by a driver.

## Halifax Medical Park



For more information, call  
**(252) 535-8011**  
or visit our website at  
[www.halifaxregional.org](http://www.halifaxregional.org)



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## Pain Management Policy Information



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# Pain Management

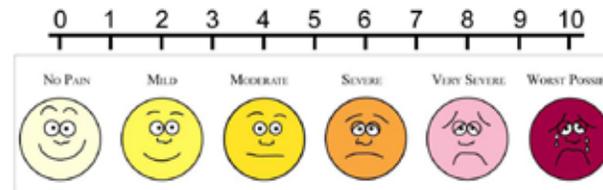
Pain is a serious medical condition that can impact anyone at any time. Pain that lasts only for a short period of time is called acute pain; it's a normal feeling that typically alerts us to a possible injury. Chronic pain is very different. Chronic pain is often defined as any pain that lasts for 12 weeks or longer. According to the Institute of Medicine, chronic pain is estimated to affect approximately 100 million American adults.



How chronic pain is experienced is unique to every person. There is no test to measure how chronic pain feels or exactly where it is located. So, your doctor will rely on you to tell him or her how the pain feels, how often you experience the pain, and where exactly it hurts. Defining pain as sharp or dull, constant, on-and-off, burning, or aching may give the best clues to the cause of the pain. These descriptions are part of what is called the pain history. Your healthcare team will usually start your appointment by discussing your pain so they understand your pain history. Since chronic pain may occur in a variety of locations in the body and for many different reasons, it is important for you to work with your primary care doctor or pain management specialist to identify the causes and symptoms of your pain to find the treatment plan that works for you.

## Pain as the fifth vital sign

The Emergency Care Center assesses pain for each patient. You will probably be asked to rate your pain on a scale of 1 to 10 similar to the scale below.



The Joint Commission advises us to use "treatment strategies for pain that may include medicine and other approaches. Strategies will reflect a patient-centered approach and consider the patient's current presentation, the health care providers' clinical judgment, and the risks and benefits associated with the strategies, including potential risk of dependency, addiction, and abuse."

In keeping with the recommendations of the Joint Commission and the Centers for Disease Control and Prevention the hospital wants you to be aware of our policies:

**1. Your primary care provider should be the one to prescribe opioids to treat your pain.** We do not administer or prescribe additional opioids after the first Emergency Department visit for any complaint, or if you have already received opioids from another provider.

- 2. We do not administer narcotics or certain sedatives** to treat certain chronic conditions for example dental pain, back pain, fibromyalgia migraines, chronic abdominal/pelvic pain, cough, and gastroparesis, or pain from injury over 2 weeks old.
- 3. We cannot refill prescriptions for controlled substances**, including those that ran out, were lost, were destroyed, or were stolen. We will refer you back to your primary care provider
- 4. For your safety we must have a government issued ID** or If you do not have ID we may take your photo and put it in your medical record before we can consider prescribing a narcotic for pain relief.
- 5. We cannot prescribe Methadone or Buprenorphine (Suboxone)** by law for patients in a Methadone treatment program who have missed a dose. Our emergency physicians are also not authorized to prescribe Buprenorphine (Suboxone).
- 6. We routinely access the NC Drug Enforcement Agency (DEA) website, Department of Justice Controlled Substance Utilization Review and Evaluation System and Prescription Drug Monitoring Program (PDMP)** to document your prescription history: This is done to protect you from potential for overdose, fraud, or identity theft. This is part of the assessment of pain