UNC School of Dentistry
Opioid Prescribing Policy for Acute Pain

Policy Statement

The UNC School of Dentistry believes that a fundamental component of good dental practice includes the appropriate evaluation and management of pain. Responsibly prescribed opioid medications may help North Carolina dental providers treat their patients’ pain safely and effectively, and improve their quality of life. It is the duty of any dental provider prescribing opioid medications to be knowledgeable of both the therapeutic benefits, risks, and potential harm associated with opioid treatment. The School expects any dental provider prescribing opioids for the treatment of pain to (I) provide a patient evaluation and risk stratification, (II) utilize a prescription drug monitoring program, (III) develop treatment goals, (IV) apply multimodal pain management strategies, (V) counsel patient on opioid use, (VI) collaborate with other healthcare professionals when appropriate and (VII) stay up to date on pain management and opioid use through continuing education.

Definitions

Opioid: Opioids are natural or synthetic chemicals that reduce feelings of pain. Common prescription opioid pain relievers include, but are not limited to:
- Hydrocodone (Vicodin)
- Oxycodone (OxyContin)
- Oxymorphone (Opana)
- Methadone
- Fentanyl

Audience

This policy provides recommendations for dental providers who are prescribing opioids for acute pain related to the orofacial health care.

Reason for Policy

The misuse and abuse of opioid pain relievers has reached epidemic proportions. As prescribers of opioid pain medications, dentists are well positioned to help keep these drugs from becoming a source of harm.
Compliance

Dental providers not follow this policy may face disciplinary action which may include up to the loss of clinical privileges and/or possible termination of their program of study or termination of employment.

Related Regulations, Statutes, and Related Policies

Session Law 2015-241, Section 12F.16 - North Carolina General Assembly (Statewide Opioid Prescribing Guidelines)
http://www.ncleg.net/PED/LegislativeTracking/H97Section12F16.pdf

North Carolina Medical Board opioid prescribing policy

CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016
https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm

ADA Statement on the Use of Opioids in the Treatment of Dental Pain

Contacts

<table>
<thead>
<tr>
<th>Subject</th>
<th>Contact</th>
<th>Telephone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Affairs</td>
<td>Darryn Weinstein, DDS, MBA, MPH</td>
<td>919-537-3588</td>
<td><a href="mailto:Sod-Clinical@unc.edu">Sod-Clinical@unc.edu</a></td>
</tr>
<tr>
<td>Subject Expert</td>
<td>Blakey, George</td>
<td></td>
<td><a href="mailto:George_Blakey@unc.edu">George_Blakey@unc.edu</a></td>
</tr>
</tbody>
</table>

Document History

- Effective Date: November 27, 2017
- Last Revised Date: N/A
Procedures

I. Patient Evaluation & Risk Stratification
   a. Supervising dentist should personally participate in the patient’s evaluation.
   b. Assessment should include the nature and intensity of pain, frequency, duration, past and current treatments for pain, underlying or comorbid conditions, and the effect of the pain on the patient.
   c. Obtain accurate medical and dental histories.
   d. Include a review of systems and perform a relevant physical examination.
   e. Assess the patient’s personal and family history of substance abuse and determine relative risk for medication misuse.
   f. Screen for depression and other mental health disorders.

II. Utilize a Prescription Drug Monitoring Program
   a. Review 12-month history from the North Carolina Controlled Substance Reporting System (NCCSRS) (per STOP Act).
      https://nccsrsph.hidinc.com/nclogappl/bdncpdmqlog/pmqhome.html

III. Develop Treatment Goals
   a. Record in patient record the underlying diagnosis causing the pain, the natural history of the condition, and how the patient can help with the healing process.
   b. Record clear-cut individualized goals for pain relief to improve physical, functional, and psychosocial activity.

IV. Apply Multimodal Pain Management Strategies
   a. Utilize nonsteroidal anti-inflammatory analgesics as first line agents unless there is a contraindication to use. Consider scheduled use rather than as needed use for a short duration of time.
   b. Integrate other modalities including thermal therapy and long-acting local anesthesia.
   c. If indicated, prescribe short-acting opioids with intention.
      i. Use weakest strength short-acting opioid possible to achieve desired analgesia.
      ii. Duration: 3 day supply is usually sufficient.
         1. Acute dental pain: maximum 5 day supply (per STOP Act)
         2. Postoperative pain: maximum 7 day supply (per STOP Act)
   d. Do not prescribe long-acting opioids for acute pain.
V. **Counsel Patient on Opioid Use**
   a. Discuss the risks and benefits of the use of opioid analgesics with the patient or the patient’s surrogate, including:
      i. Potential short and long term side effects
      ii. Risk of drug interactions and over-sedation
      iii. Risk of impaired motor skills
      iv. Risk of opioid misuse, dependence, addiction, and overdose
   b. Discuss safe storage and disposal of opioids.
   c. Review individual prescribing policies and reinforce patient expectations.

VI. **Collaborate With Other Healthcare Professionals**
   a. Consider coordination with other treating doctors.
   b. Seek consultation with or refer patient to, a pain, psychiatry, addiction, or mental health specialist as needed.

VII. **Provider Continuing Education**
    a. Dentists, residents, and students should seek continuing education in addictive disease and pain management as related to opioid prescribing.