

MDA Protocol for Assessment and Non-Opioid Management of Oral/Facial Pain

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MDA Protocol for Assessment and Non-Opioid Management of Oral/Facial Pain

Statement of Intent

This protocol was developed to provide guidance on the assessment and Non-Opioid management of dental pain, provide alternatives to opioid use, and to support the ongoing education of dental providers regarding managing oral and facial pain in a dental clinic setting. This clinical protocol was developed by a dentist volunteer work group and is provided as an educational tool based on an assessment of the current scientific and clinical information and accepted approaches to treatment. This protocol is focused on management of acute oral/facial pain utilizing accepted approaches to treatment in order to treat underlying dental morbidity. Unlike some medical conditions in which the underlying cause of pain cannot be diagnosed and treated, dentists can use pain indicators, symptoms and diagnostic methods to effectively diagnose and treat the underlying cause of the pain, often resulting in the ability to address the pain and obtain relief without the use of prescription opioids or other narcotics. Although acute oral/facial pain is an unpleasant experience for the patient, it can be useful in motivating the patient to seek treatment for the underlying oral/facial problem, and also a viable diagnostic indicator, that does not result in death. However, there are deaths that have been caused by dental conditions where the underlying morbidity is not diagnosed and treated, and there have also been many deaths attributed to abuse, misuse and diversion of prescription opioid medications. Patient care and treatment should always be based on a clinician's independent medical judgement given the individual clinical circumstances for each patient. Dental treatment and pain management recommendations can vary in specific patient care scenarios and the intent of this protocol is not to be fixed in nature or determine the required standard of care regarding the dental pain management.

Background

Opioid abuse, misuse and diversion are a serious problem. A disturbing trend has developed; compromising patient and public safety as prescriptions for opioid pain medications have been rapidly increasing. The abuse, misuse and diversion of opioid medications have now reached epidemic proportions in MN and throughout the United States. Prescription opioid medications are no longer considered a safe, low-risk option for relief of moderate to severe acute pain. In response, the Minnesota Medical Association, the Minnesota Dental Association and other key medical stakeholders have been working to address this issue. In 2013, MDA worked as part of a group facilitated by the Institute for Clinical Systems Improvement (ICSI) to develop a comprehensive "Acute Pain Assessment and Opioid Prescribing Protocol". The protocol was completed by the work group, reviewed by ICSI's Committee on Evidence-Based Practice and published in January 2014. The MDA was well represented throughout the protocol development and is recognized with authorship, along with a diverse group of medical providers and ICSI staff.

On September 15, 2015 ICSI welcomed the Minnesota Dental Association to a new pain guideline workgroup. A representative cross-section of medical clinicians who deal with management of pain in the practices was selected along with pharmacy and dentistry. They met between September 15, 2015 and August 15, 2016. After further refinement, the ISCI Pain: Assessment,

Non-Opioid Treatment Approach and Opioid Management (ICSI Pain) guideline was completed September 2016. This guideline will replace the existing ICSI acute pain assessment and opioid prescribing protocol, and the ICSI guidelines for assessment and management of chronic pain.

The new ICSI Pain guideline, present recommendations based on evidence and careful consideration of the patient and public safety with a goal of understanding pain, dealing with its underlying cause and optimizing the functional status of the patient in pain.

One main goal is more serious consideration of risks and benefits associated with every dose and prescription given for opioid medications.

The Minnesota Dental Association Opioid Task Force reviewed the new ICSI Pain guideline and enthusiastically supports the ICSI work group recommendations.

Preface

The Minnesota Dental Association Task Force recommends use of the ICSI Pain guideline as a primary reference by dental clinicians who treat patients with oral/facial pain. In addition, the original Minnesota Dental Association protocol for assessment and treatment of oral/facial pain is updated to interface with the current ICSI Pain guideline.

The current Minnesota Dental Association protocol will concentrate on NON-OPIOID management of oral/facial pain, and will refer all consideration of opioid prescription to the ICSI Pain guideline, CDC Guidelines for Prescribing Opioids in Chronic Pain, the Minnesota Department of Human Services Opioid Prescribing Protocol, or Safe Opioid Prescribing for Acute Dental Pain guidelines among others. The following algorithm recommends a major change from conventional opioid prescribing practices. The new standard must be based on recognition of significant patient and public safety realities that opioids pose for our entire population.

This protocol is based on two cornerstone principals of all medical and dental practices --- Beneficence (do good) and Non Maleficence (do no harm). The profession of dentistry is privileged to offer effective, safe, and compassionate Non Opioid pain relief along with dental treatment of conditions that underlay the pain.

The following stand-alone protocol for pain assessment and non-opioid management of acute oral/ facial pain has been developed. The highest priority is given to patient safety, public safety, and reducing legal and ethical risks faced by dentists when using opioids for pain management. The protocol recognizes a possible need for symptomatic pain management prior to, and following definitive treatment of the cause of oral/ facial pain. Opioids prescribed "to go" are seldom an optimal choice because of the availability of effective non-opioid pain relief options and the multi-faceted risks; including to the patient, to the public (through diversion and abuse) and to the dentist.

-Dr. John Wainio, MDA Opioid Task Force

MDA Acute Orofacial Pain Assessment and Opioid Prescribing Protocol

MAIN ALGORITHM

Patient presents with acute oral/facial pain in a medical facility or hospital
with no dentist available

Proceed with ICSI Pain: Assessment, Non-Opioid Treatment Approaches and Opioid Management guideline

Symptomatic non-opioid management of non-traumatic tooth pain

Patient presents with acute oral/facial pain in a dental facility

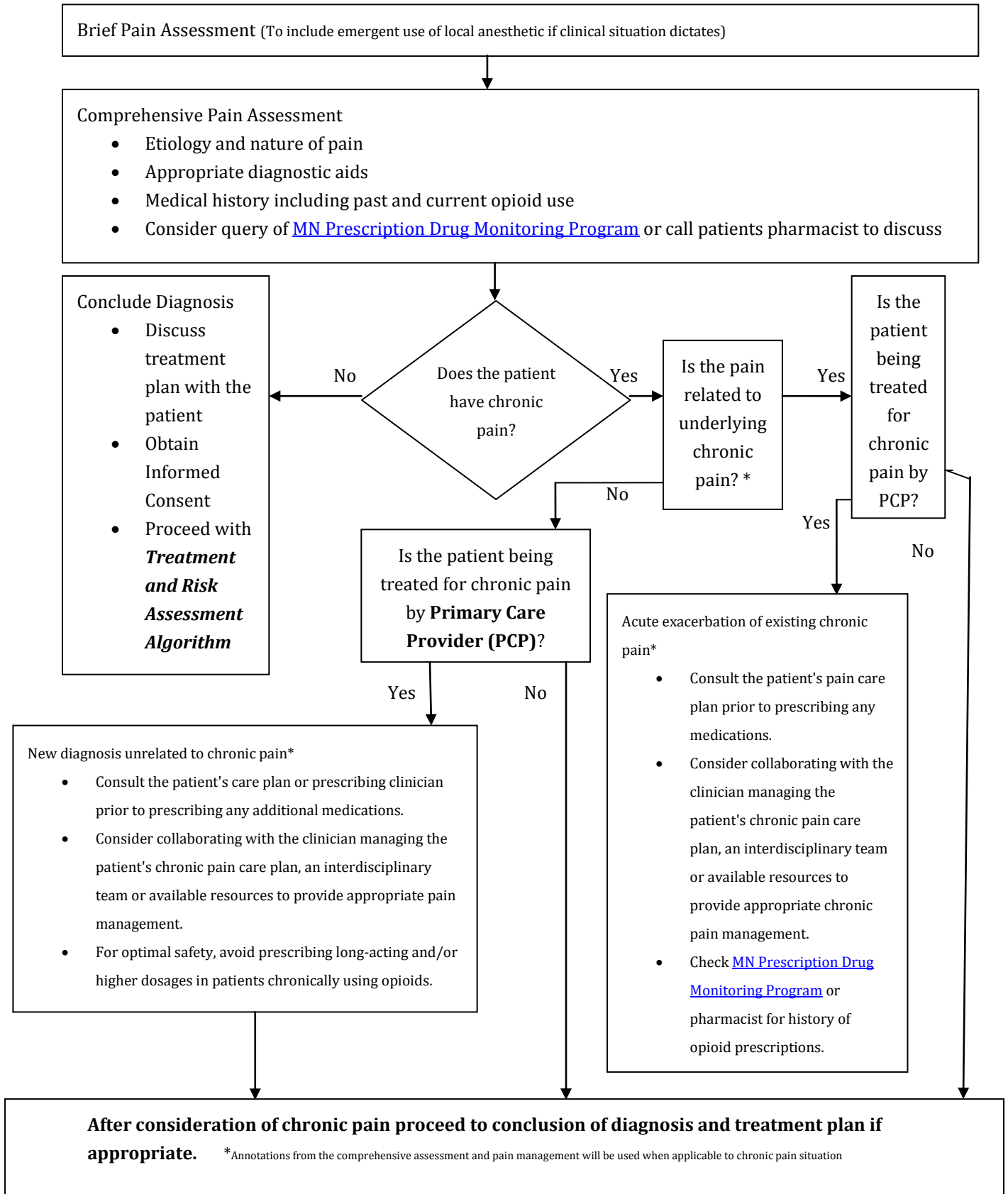
Proceed with **MDA Protocol for Non-Opioid Assessment and Management of Oral/Facial Pain**

Dental Algorithm

Pain Assessment

MDA Acute Orofacial Pain Assessment and Opioid Prescribing Protocol

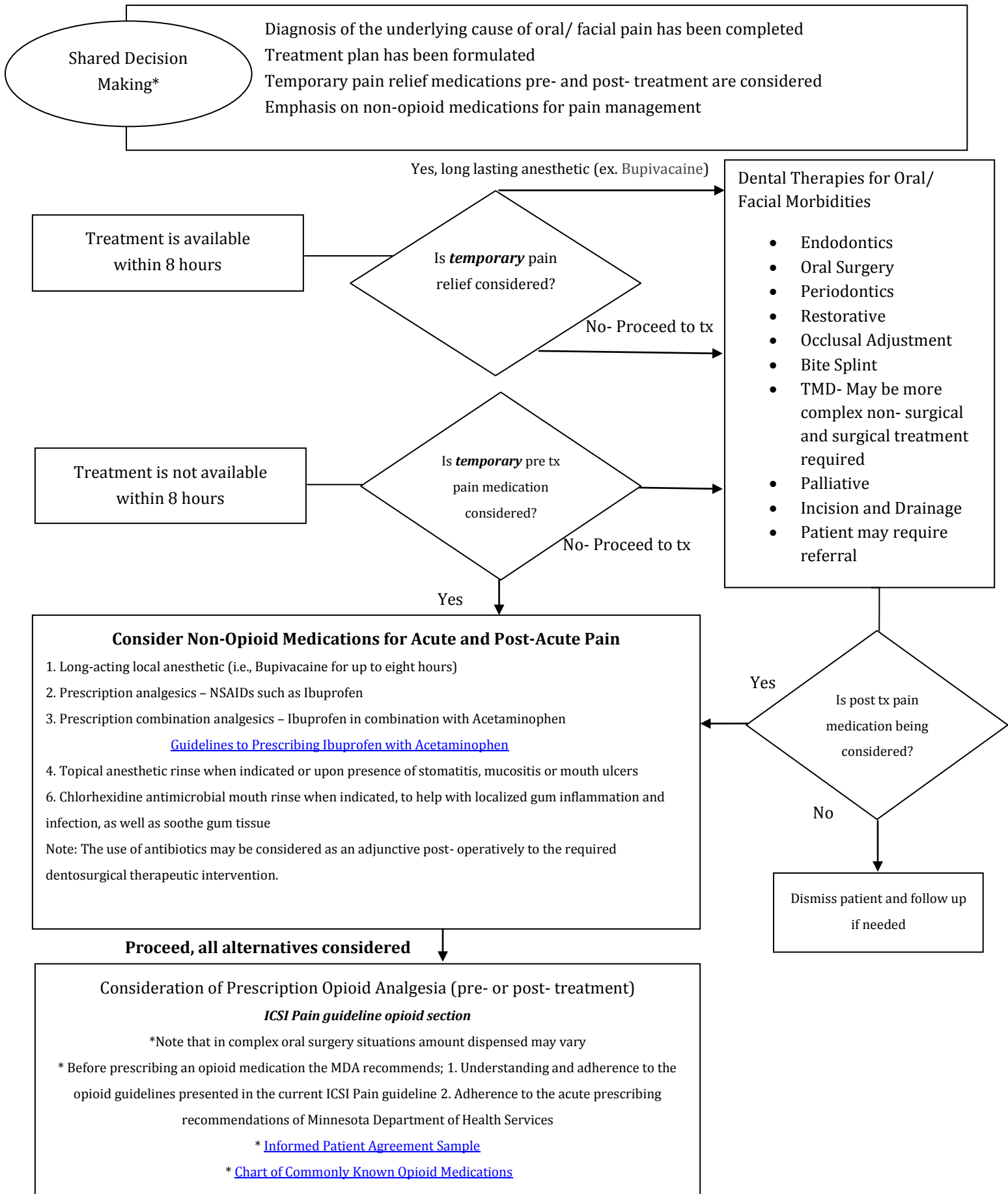
DENTAL ALGORITHM



NON- Opioid TREATMENT AND Opioid RISK ASSESSMENT ALGORITHM

Acute Orofacial Pain Assessment and Opioid Prescribing Protocol

TREATMENT AND RISK ASSESSMENT ALGORITHM



MDA Acute Orofacial Pain Assessment and Opioid Prescribing Protocol

Notes:

Shared Decision
Making*

*To take place between dentist and patient: A full discussion of the risks and benefits of treatment and consideration of patient values and preferences should be included.

[***More from ICSI on Shared Decision Making***](#)

Resources for Providers:

[Pain: Assessment, Non-Opioid Treatment Approaches and Opioid Management by ICSI](#)

[CDC Guidelines for Prescribing Opioids in Chronic Pain](#)

[Drug and Alcohol Abuse in Minnesota a Biennial Report to the Legislature 2016](#)

[Search and Rescue - Resource from Partnership for Drug Free Kids](#)

[Overprescribing of Antibiotics by Emergency Departments](#)

Statewide Initiatives

[Minnesota Department of Human Services Opioid Prescribing Work Group](#)

[Minnesota State Substance Abuse Strategy](#)

Opioid and Substance Abuse Education for Dentists

The ADA has sponsored several [free continuing education webinars](#) available through the Prescribers' Clinical Support System for Opioid Therapies (PCSS-O)—to gain knowledge about opioid prescribing and substance use disorders.

Tips for dentists: when a patient ***CALLS*** you in pain- [Telephone Triage](#)

Resources for Non- Opioid Pain Management

[NSC Efficacy of Pain Medication](#)

[NSC NSAID's are stronger pain medications than opioids](#)

Treating Patients with Substance Use Disorders

[Safe Opioid Prescribing for Acute Dental Pain](#)

[SAMHSA Screening, Brief Intervention, Referral to Treatment \(SBIRT\)](#)

[Dr. Michael O'Neil "Safe Prescribing for Patients with Substance Abuse Disorder"](#)

[Minnesota Recovery Connection](#)

Have a question regarding a patient with Substance Use Disorder? Contact Dr. William Kane, DDS, MBA, mentor, Provider's Clinical Support System for Opioid Therapy [here](#).

MDA Acute Orofacial Pain Assessment and Opioid Prescribing Protocol

The ***MDA Acute Orofacial Pain Assessment and Opioid Prescribing Protocol*** has been reviewed and approved for distribution by the Minnesota Dental Association Opioid Task Force, dentist and medical reviewers and the Board of Trustees of the Minnesota Dental Association.

This protocol may be reviewed on a routine basis and new reviewer comments and evidence based recommendations will be assessed and implemented into the protocol as necessary. The comprehensive review provides information to the work group for such issues as content update, improving clarity of recommendations, implementation suggestions and more. Please email any comments or suggestions to mhodzic@mdental.org.

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