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

4 September 2016

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82 MDA Protocol for Assessment and Non-Opioid Management of Oral/Facial 83 Pain

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85 Statement of Intent

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

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109 Background

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

123

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

128 guideline will be completed during the Fall of 2016. This guideline will replace the existing ICSI
129 acute pain assessment and opioid prescribing protocol, and the ICSI guidelines for assessment and
130 management of chronic pain.

131

132 The new ICSI Assessment and Treatment of Pain-Non-Opioid and Opioid Management guideline,
133 present recommendations based on evidence and careful consideration of the patient and public
134 safety with a goal of understanding pain, dealing with its underlying cause and optimizing the
135 functional status of the patient in pain.

136

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

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

142

143 Preface

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

149

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

157

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

162

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

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-Dr. John Wainio, MDA Opioid Task Force

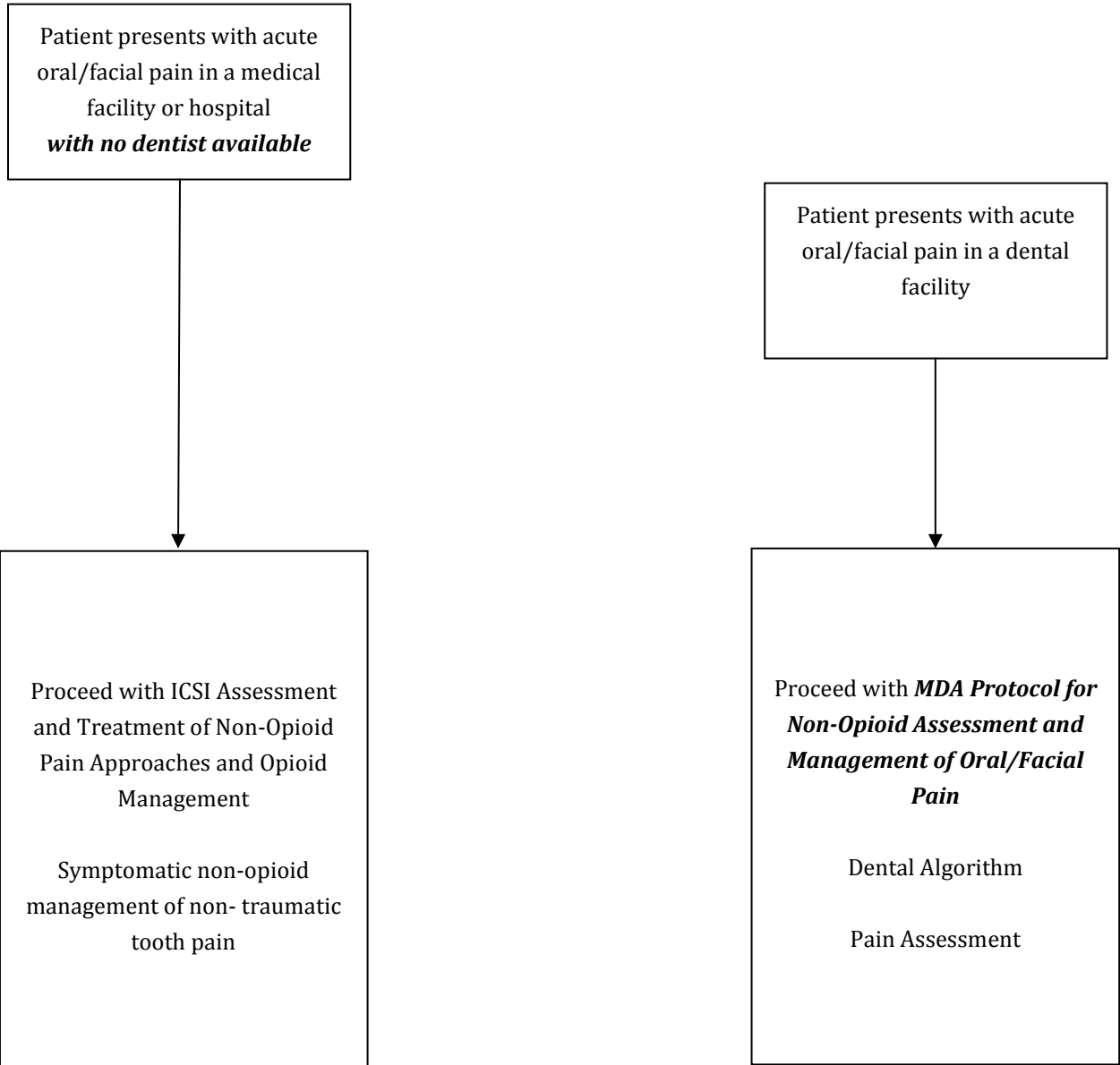
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MDA Acute Orofacial Pain Assessment and Opioid Prescribing Protocol

MAIN ALGORITHM



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210 **MDA Acute Orofacial Pain Assessment and Opioid Prescribing Protocol**

211 **DENTAL ALGORITHM**

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Brief Pain Assessment (To include emergent use of local anesthetic if clinical situation dictates)

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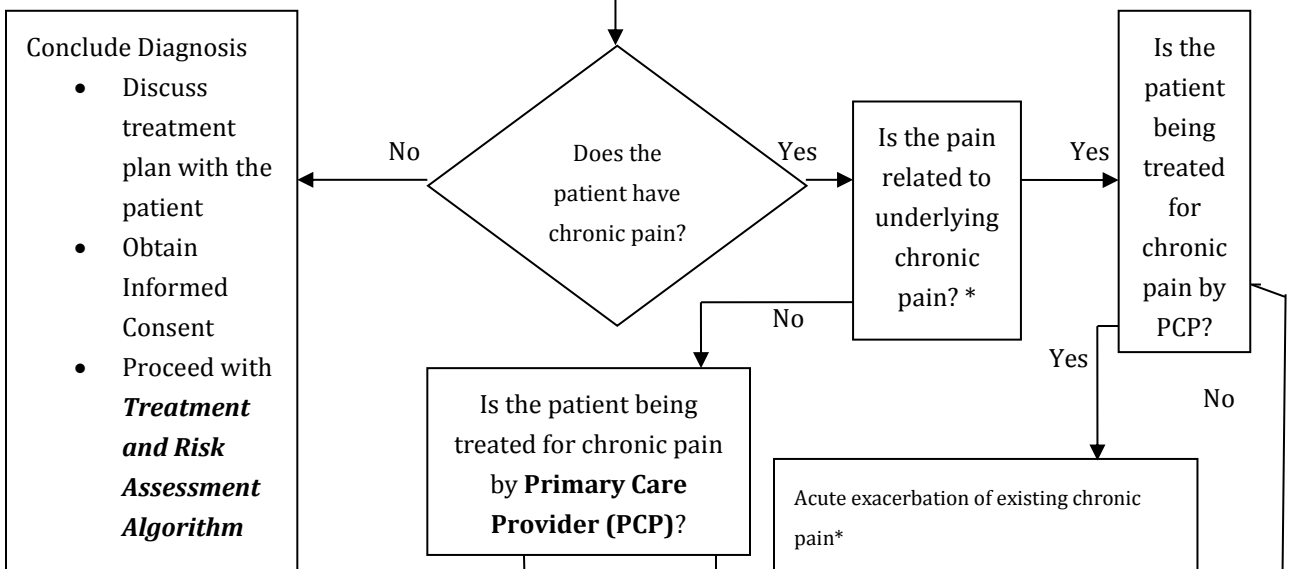
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Comprehensive Pain Assessment

- Etiology and nature of pain
- Appropriate diagnostic aids
- Medical history including past and current opioid use
- Consider query of [MN Prescription Drug Monitoring Program](#) or call patients pharmacist to discuss

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Conclude Diagnosis

- Discuss treatment plan with the patient
- Obtain Informed Consent
- Proceed with **Treatment and Risk Assessment Algorithm**

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After consideration of chronic pain proceed to conclusion of diagnosis and treatment plan if appropriate. *Annotations from the comprehensive assessment and pain management will be used when applicable to chronic pain situation

247 **NON- Opioid TREATMENT AND Opioid RISK ASSESSMENT ALGORITHM**
 248 ***Acute Orofacial Pain Assessment and Opioid Prescribing Protocol***
 249 ***TREATMENT AND RISK ASSESSMENT ALGORITHM***

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Shared Decision Making*

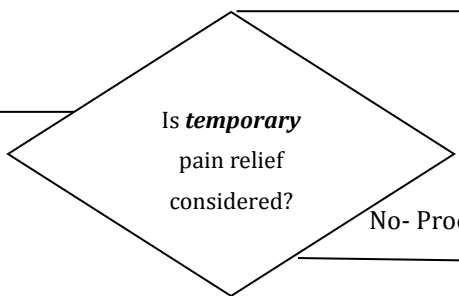
Diagnosis of the underlying cause of oral/ facial pain has been completed
 Treatment plan has been formulated
 Temporary pain relief medications pre- and post- treatment are considered
 Emphasis on non-opioid medications for pain management

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Treatment is available within 8 hours



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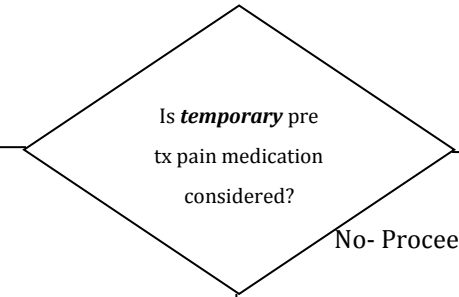
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Treatment is not available within 8 hours



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Dental Therapies for Oral/ Facial Morbidities

- Endodontics
- Oral Surgery
- Periodontics
- Restorative
- Occlusal Adjustment
- Bite Splint
- TMD- May be more complex non- surgical and surgical treatment required
- Palliative
- Incision and Drainage
- Patient may require referral

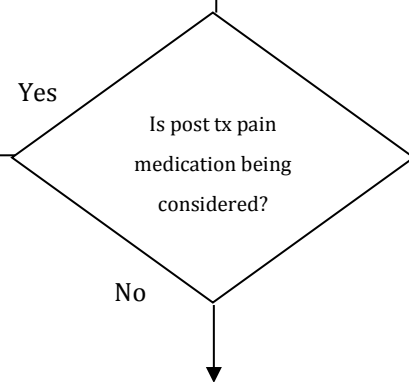
Consider Non-Opioid Medications for Acute and Post-Acute Pain

1. Long-acting local anesthetic (i.e., Bupivacaine for up to eight hours)
2. Prescription analgesics – NSAIDs such as Ibuprofen
3. Prescription combination analgesics – Ibuprofen in combination with Acetaminophen
[Guidelines to Prescribing Ibuprofen with Acetaminophen](#)
4. Topical anesthetic rinse when indicated or upon presence of stomatitis, mucositis or mouth ulcers
6. Chlorhexidine antimicrobial mouth rinse when indicated, to help with localized gum inflammation and infection, as well as soothe gum tissue

Note: The use of antibiotics may be considered as an adjunctive post- operatively to the required dentosurgical therapeutic intervention.

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Proceed, all alternatives considered



Dismiss patient and follow up if needed

Consideration of Prescription Opioid Analgesia (pre- or post- treatment)

Comprehensive pain management section on opioids

*Note that in complex oral surgery situations amount dispensed may vary

* Before prescribing an opioid medication the MDA recommends; 1. Understanding and adherence to the opioid guidelines presented in the current ICSI Comprehensive Pain Management Protocol 2. Adherence to the acute prescribing recommendations of Minnesota Department of Health Services

* [Informed Patient Agreement Sample](#)

* [Chart of Commonly Known Opioid Medications](#)

286 **MDA Acute Orofacial Pain Assessment and Opioid Prescribing Protocol**

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288 **Notes:**

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290 Shared Decision
291 Making*

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

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

296 **Resources for Providers:**

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

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

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

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303 [Overprescribing of Antibiotics by Emergency Departments](#)

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305 **Statewide Initiatives**

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

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308 [Minnesota State Substance Abuse Strategy](#)

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310 **Opioid and Substance Abuse Education for Dentists**

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

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

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333 ***Resources for Non- Opioid Pain Management***

334 [NSC Efficacy of Pain Medication](#)

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

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338 ***Treating Patients with Substance Use Disorders***

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

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

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

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346 [Minnesota Recovery Connection](#)

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

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352 ***MDA Acute Orofacial Pain Assessment and Opioid Prescribing Protocol***

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

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

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