MDA Protocol for Assessment and Treatment of Oral/ Facial Pain

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MDA Protocol for Assessment and Treatment of Oral/Facial Pain

Statement of Intent

This protocol was developed to provide guidance on the assessment and treatment 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 task force. It is in conjunction with recommendations of the Institute for Clinical Systems Improvement (ICSI) Acute Pain Assessment and Opioid Prescribing Protocol. It 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 a useful and motivating indicator for the patient to seek treatment for the underlying oral/facial problem and 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 judgment 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 dental pain management.

Background

Opioid abuse, misuse and diversion are a serious problem in Minnesota. 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 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 worked to address this issue. In 2013, the MMA and 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 clinical staff.

The ICSI protocol presents guidelines for opioid prescribing and is developed based on evidence and careful consideration of public and patient safety. In the future, the goal is more serious consideration of risks and benefits associated with every dose and prescription given for opioid
MDA Protocol for Assessment and Treatment of Oral/ Facial Pain

medications. This was an important step for medico-dental collaboration surrounding opioid abuse. It was further determined that the MDA and the ADA currently do not have an established protocol or best management practice guidelines for prescribing opioid medications in a dental setting. Approximately 12% of all Immediate Release (IR) Opioid medications are prescribed for dental pain; and it is in the best interest of the dental community to proactively participate in the development of a prescription protocol for dentists.

On September 22nd, 2014, the MDA House of Delegates unanimously approved a resolution directing the MDA Environment and Safety Committee to promote the ICSI Acute Pain Assessment and Opioid Prescribing Protocol to members throughout MDA districts, along with collaborating medical and hospital professionals, as a guide for opioid prescribing and to initiate the development and adaptation of a standalone dental acute pain assessment and prescribing protocol.

Preface
The following stand alone protocol for pain assessment and treatment of acute oral/ facial morbidity 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 morbidity. 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.

If an opioid is prescribed, it is highly recommended to closely consider the recommendations of the protocol when discussing pain relief options with a patient, particularly giving attention to important annotations including the Informed Patient Agreement and discussing the Current risks and benefits of opioid vs. non-opioid medications and ABCDPQRS Risk Assessment. These discussions should also include consideration of patient values and preferences (Shared Decision Making).

-Dr. John Wainio, MDA Opioid Task Force
**MAIN ALGORITHM**

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

- Proceed with [ICSI Acute Pain Assessment and Opioid Prescribing Protocol](#)
  - Main Algorithm
- Symptomatic management of non-traumatic tooth pain

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

- Proceed with *MDA Protocol for Assessment and Treatment of Oral/ Facial Pain*
  - Dental Algorithm
  - Pain Assessment
MDA Protocol for Assessment and Treatment of Oral/ Facial Pain

**DENTAL ALGORITHM**

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

**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

**Does the patient have chronic pain?**

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

**Is the patient being treated for chronic pain by PCP?**

**New diagnosis unrelated to chronic pain**
- Consult the patient's care plan or prescribing clinician prior to prescribing any additional medications.
- Consider collaborating with the clinician managing the patient's chronic pain care plan, an interdisciplinary team or available resources to provide appropriate pain management.
- For optimal safety, avoid prescribing long-acting and/or higher dosages in patients chronically on opioids.

**Acute exacerbation of existing chronic pain**
- Consult the patient’s pain care plan prior to prescribing any medications.
- Consider collaborating with the clinician managing the patient's chronic pain care plan, an interdisciplinary team or available resources to provide appropriate chronic pain management.
- Check MN Prescription Drug Monitoring Program or pharmacist for history of opioid prescriptions.

**After consideration of chronic pain proceed to conclusion of diagnosis and treatment plan if appropriate.**  
*Annotations from the ICSI Acute Pain Assessment and Opioid Prescribing Protocol, will be used when applicable to chronic pain situation.*
MDA Protocol for Assessment and Treatment of Oral/Facial Pain

**DENTAL TREATMENT AND RISK ASSESSMENT ALGORITHM**

- 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 [Current Risks and Benefits of Opioid vs. Non-Opioid Medications](#) and [ABCDPQRS Risk Assessment](#)

**Shared Decision Making**

- Shared Decision Making*

**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

**Is temporary pain relief necessary?**

- **Yes**, long lasting anesthetic (ex. Bupivacaine)
  - Yes
  - No - Proceed to tx

- **No** - Proceed to tx

**Is temporary pre tx pain medication considered?**

- **Yes**, proceed, all alternatives considered
  - Yes
  - No - Proceed to tx

**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
   - See [Stepwise Guidelines for Acute Pain Management](#)
4. Topical anesthetic rinse when indicated or upon presence of stomatitis, mucositis or mouth ulcers
5. Chlorhexidine antimicrobial mouth rinse when indicated, to help with localized gum inflammation and infection, as well as soothe gum tissue
   - See [Commonly Administered Non-Opioid Analgesics](#)

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

**Prescription Opioid Analgesia (pre- or post- treatment)**

**ICSI Acute Pain Assessment and Opioid Prescribing Protocol**

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

*Prescribe with caution and close attention to the ICSI Protocol*

*Informed Patient Agreement*
*Chart of Opioid Agonists*
Resources for Providers:

*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*

ICSI Scripted Support for Saying No

State of the State: Opioid Use, Misuse and Diversion in MN

Minnesota State Substance Abuse Strategy

2015 Drug Abuse Dialogues

Information for Dentists on Suspected Criminal Behavior Related to Prescription Drugs

Tips for dentists: when a patient CALLS you in pain- Telephone Triage

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.

Treating Patients with Substance Use Disorders

The ADA Practical Guide to Substance Use Disorders and Safe Prescribing.

SAMHSA Screening, Brief Intervention, Referral to Treatment (SBIRT)

Dr. Michael O’Neil “Safe Prescribing for Patients with Substance Abuse Disorder”

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 Protocol for Assessment and Treatment of Oral/ Facial Pain

The MDA Protocol for Assessment and Treatment of Oral/ Facial Pain has been reviewed and approved for distribution by the Minnesota Dental Association Opioid Task Force, contributing dental 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 banderson@mndental.org.
References


