MINNESOTA DENTAL ASSOCIATION

MDA Protocol for Assessment and Treatment of Oral/ Facial Pain

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MDA Opioid Task Force:
Dr. John Wainio, Chair, General Dentistry
Dr. Frederick Nolting, General Dentistry
Dr. Nathan Pedersen, General Dentistry
Ms. Bridgett Anderson, LDA, BA staff

DDS/DMD Contributing Reviewers:
Dr. Eugene T. Altiere, Periodontics
Dr. Leon Assael, Oral Surgery
Dr. Michael Downie, Oral Surgery
Dr. Judith Gundersen, Public Health
Dr. Matthew Hutchinson, Oral Surgery
Dr. Kimberly Lindquist, Endodontics
Dr. Anthony Michelich, Periodontics
Dr. Michael Miskovich, MDA Board of Trustees
Dr. Richard Nadeau, General Dentistry
Dr. Sheila Riggs, Primary Dental Care

Additional Contributing Reviewers:

Dr. Michael O'Neil, Pharm. D.
Drug Diversion, Substance Abuse and Pain Management Consultant
Knoxville, TN

Charles Reznikoff, MD, Addiction Medicine
Hennepin County Medical Center
Minneapolis, MN

Dr. Paul A. Moore, DMD, PhD, MPH
Professor, Pharmacology and Dental Public Health
Pittsburgh, PA

Dr. William Kane, DDS, MBA
Chair, Dentist Well-Being Committee, Missouri Dental Association
Providers Clinical Support System for Opioid Therapies Consultant
Dexter, MO

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

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

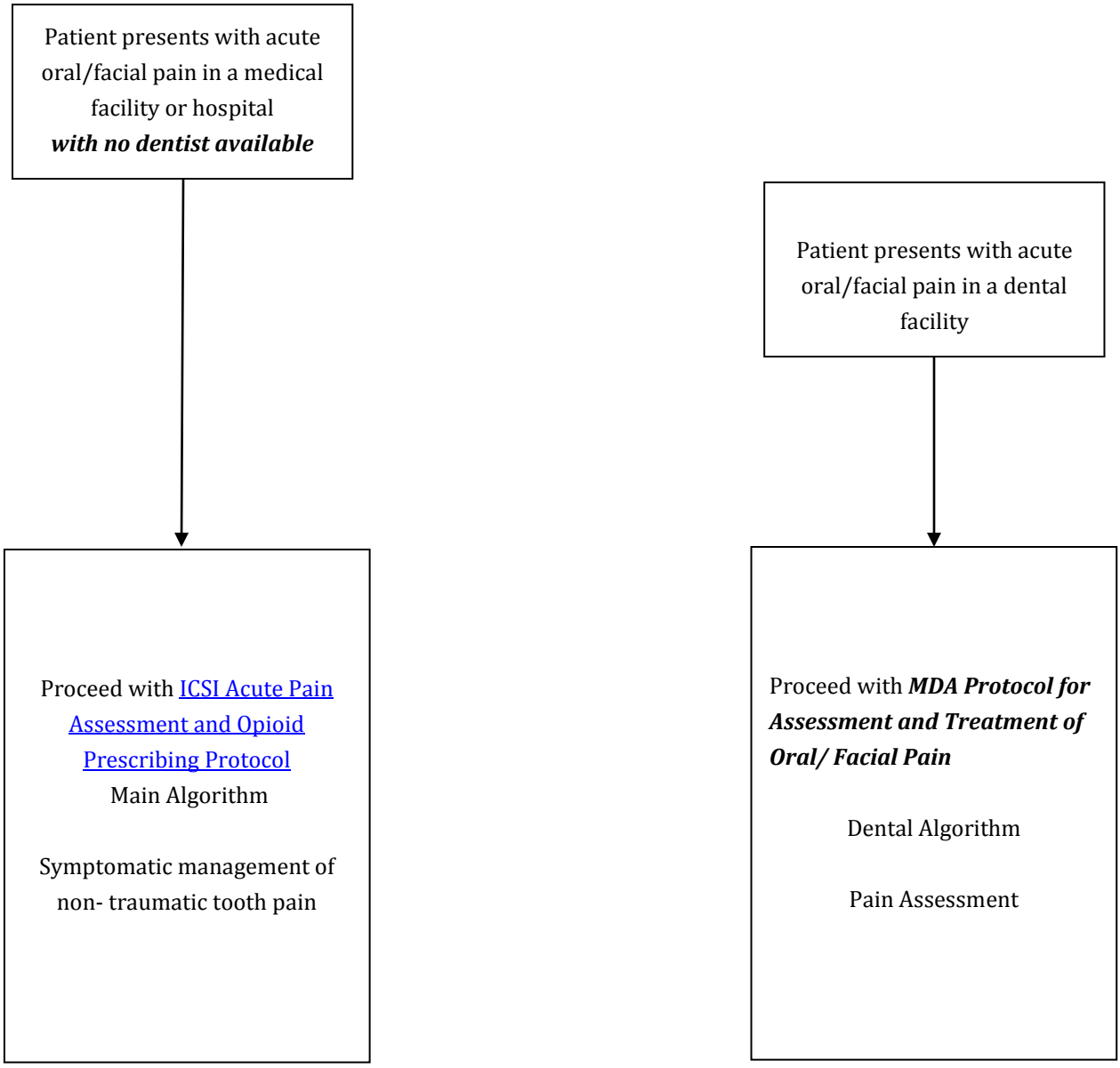
The following stand alone protocol for pain assessment and treatment of acute oral/ facial morbidity has been developed. The highest priority is given to patient safety, public safety, and reducing legal and ethical risks faced by dentists when using opioids for pain management. The protocol recognizes 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

MDA Protocol for Assessment and Treatment of Oral/ Facial Pain

MAIN ALGORITHM



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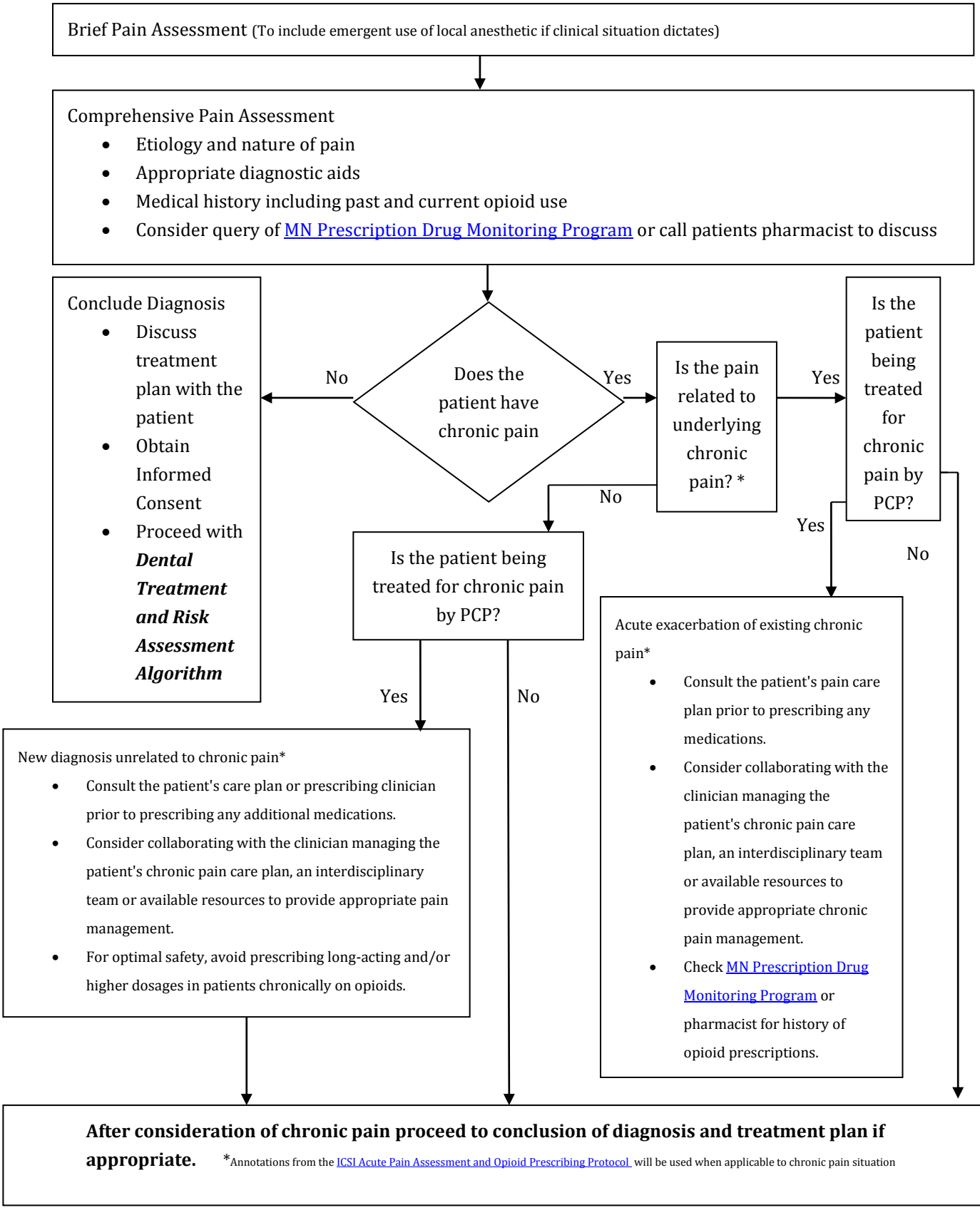
DENTAL ALGORITHM



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DENTAL TREATMENT AND RISK ASSESSMENT ALGORITHM

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 Current Risks and Benefits of Opioid vs. Non- Opioid Medications and ABCDPQRS Risk Assessment

Yes, long lasting anesthetic (ex. Bupivacaine)

Treatment is available within 8 hours

Is ***temporary*** pain relief necessary?

No- Proceed to tx

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

Treatment is not available within 8 hours

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

No- Proceed to tx

Yes

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
6. 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.

Yes

Is post tx pain medication being considered?

No

Dismiss patient and follow up if needed

Proceed, all alternatives considered

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

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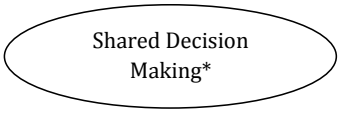
Resources for Providers:



*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.

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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.

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