LOUISIANA
DEPARTMENT OF HEALTH
Public Health

Louisiana Pharmacists

Opioid Toolkit

INSIDE FRONT COVER
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The Louisiana Pharmacists Opioid Toolkit will focus on strategies to treat different types of pain and best practices used when dispensing opioids. Counseling tips are provided to assess the patient's level of understanding and potential need for prescriber notification. The guide will look at the importance of recognizing signs and symptoms of overdose, alternative treatments, proper handling, storage and disposal, naloxone education and regional contacts in your area.

Treatment Guidelines for Conditions Requiring Pain Management

Type of Pain	Nonpharmacological Care	First Line Therapy	Second Line Therapy
Low Back Pain	Exercise Limit bedrest/be active Behavioral therapy Rehabilitation	Acetaminophen NSAIDs	SNRIs TCAs
Migraine	Avoid triggers Relaxation Exercise Therapy	Aspirin Acetaminophen NSAIDs	Beta-Blockers TCAs Triptans
Neuropathic Pain	Not Applicable	TCAs SNRIs Gabapentin	Approved combos of First Line Therapy Lidocaine Capsaicin
Osteoarthritis	Exercise Weight loss Patient Education	Acetaminophen Oral NSAIDs Topical NSAIDs	Hyaluronic acid Capsaicin Glucocorticoid
Fibromyalgia	Low impact aerobics Behavioral therapy Rehabilitation	Pregabalin Duloxetine	Gabapentin TCAs

Pain Levels and Treatment

The World Health Organization categorizes pain levels into 3 categories; mild, moderate and severe.

1

Treatment should begin with non-opioid analgesics such as aspirin (ASA), acetaminophen (APAP) or non-steroidal anti-inflammatory drugs (NSAID) for mild pain.

2

Combination medications such as APAP/Codeine, APAP/Hydrocodone, APAP/Oxycodone and Tramadol are recommended for persistent or moderate pain.

3

Morphine, Methadone, Oxycodone, and Hydromorphone are stronger opioids prescribed for severe pain diagnosis.

Patients requiring opioids for pain relief should be monitored for risks, side effects, drug interaction, and educated on proper storage and disposal. Medication counseling should be used to explore alternative and/or adjuvant medications and to discuss the benefits of having Naloxone in case of emergency.

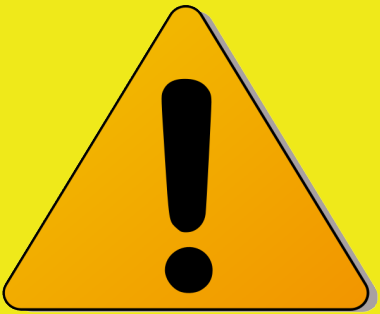
W.H.O. Treatment Steps

Dispensing and Counseling

1. Become familiar with CDC guidelines, step therapy and alternative medication.
2. Check PMP before dispensing opioids. Re-check with continued use.
3. Check for Drug Interactions, especially other medication that increases the risk of respiratory depression.
4. Review NarxCare score for risk assessment.
5. Acute therapy should last for 3 to 7 days. Use immediate release opioids for acute pain.
6. Caution is advised when dispensing opioids at (≥50MME/day).
7. Advise patients to follow-up with prescriber in 1 to 4 weeks, then again in 3 months or more often if needed.
8. Offer Naloxone when risk factors increase i.e. substance abuse, >50MME, concurrent use with benzodiazepine or sedative. Provide education on signs of overdose and proper naloxone usage.
9. Ask patients if they are taking any other medications not currently on profile?
10. Ask patients what other ways are you managing pain?
11. Verify patient's level of understanding for taking medication correctly, risk associated with use, and that medications should not be shared.
12. Counsel patients on methods of disposal. Medications can be combined with commercially available products, coffee grinds or kitty litter before disposal. This action deters misuse.
13. Communicate with the patient. Ask open-ended questions. Be empathetic. Exercise active listening.

Dispensing Red Flags

- Forged Prescriptions (lack of common abbreviations)
- Prescriptions originating from outside immediate geographic area
- Altered Prescriptions (multiple ink colors and font styles)
- Cash Payments
- Inconsistent or Early refills
- Multiple Prescribers
- Poly-Pharmacy
- Is the Rx written within the usual scope of practice?
- Refusal to show identification at time of pick up
- Multiple medications prescribed but only wants opioids dispensed



Common Signs of Opioid Addiction

- The inability to control opioid use
- Uncontrollable cravings
- Drowsiness
- Changes in sleep habits
- Weight loss
- Frequent flu-like symptoms
- Decreased libido
- Lack of hygiene
- Isolation from family or friends
- Stealing from family, friends or business
- New financial difficulties

Safe Storage and Disposal of Opioids

- Store opioids in a locked container.

- Keep opioids in their original package.

- Keep opioids out of children's reach.

- Do not share your medication.

- Safely dispose of unused pills.

Naloxone Counseling

- Know when to administer. High MME, concurrent benzodiazepine or sedating medication, increased risk of respiratory depression, monitor PMP for medication additions and notate offering of Naloxone.
- Educate patient or caregiver on signs of overdose: extremely pale, limp body, blue fingernails, gurgling noise, cannot awake from sleep, pinpoint pupils, very slow breathing.
- Explain to patient or caregiver how to administer, recovery position and when to re-administer if needed.
- Educate on importance of calling 911 at time of suspected overdose incident.
- Remind patient or caregiver to store properly and check expiration date

Tips to Initiate a Conversation About Naloxone

- **"Would you mind if I talk to you about Naloxone?"**

- **"Naloxone is like a seat belt. You probably won't need it, but if you do, it can save your life."**

- **"Pain medications can be helpful but have a range of side effects including breathing complications. You have a history of (COPD, sleep apnea, etc.) and therefore have an increased risk of breathing difficulties. Naloxone is a medication that can help you breathe normally in the event of an emergency."**

Language to Avoid During Naloxone Counseling

Avoid This	Alternative Language
Risky Patients	Risky medicines
Abuser, Addict, or Junkie	Person with an opioid use disorder
A person who is "clean"	Person in recovery
Opioid Abuse Disorder	Opioid Use Disorder
Clean or Dirty Needles	Sterile Syringes
Overdose, OD	Bad Reaction, Breathing Emergency

Resources for Substance Abuse Disorders

Substance Abuse and Mental Health Service Administration (SAMHSA) has a 24/7 national helpline.

Assistance can be accessed by dialing 1-800-662-HELP (4357).

Louisiana Department of Health has an online tool to help identify your risk for substance abuse.
The website is ***www.opioidhelpla.org***

The Naloxone Standing Order is available at ***http://ldh.la.gov/opioids*** under the opioid helpful information section.

Resources for Substance Abuse Disorders

Alexandria area
Central Louisiana Human Services District
(318) 487-5191

Baton Rouge area
Capital Area Human Services District
(225) 922- 2700

Hammond area
Florida Parishes Human Services Authority
(985) 543-4333

Houma / Thibodaux area
South Central Louisiana Human Services Authority
(985) 858-2931

Gretna area
Jefferson Parish Human Services Authority
(504) 838-5215

Lafayette area
Acadiana Area Human Services District
(337) 262-4100

Lake Charles area
Imperial Calcasieu Human Services Authority
(337) 475-3100

Monroe area
Northeast Delta Human Services Authority
(318) 362-3270

New Orleans Area
Metropolitan Human Services District
(504) 568-3130

Shreveport Area
Northwest Louisiana Human Services District
(318) 676-5111

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