**Rational Opioid Use: Continuous Learning after the CDC Guidelines**

**EDUCATIONAL OBJECTIVES**

**GOAL:** To educate the pharmacy team about the CDC guideline for prescribing opioids for chronic pain.

After participating in this activity, pharmacy technicians will be able to:

* Describe the principles behind careful pain management
* List common mechanisms used to safeguard opioid use
* Recognize when to refer patients to the pharmacist for issues related to pain management or risk of overdose

**TEST QUESTIONS**

1. Which of the following statements is an important principle of treating chronic pain?

1. Nonpharmacologic therapy is preferred because opioids have a small-to-moderate benefit, uncertain long-term benefits, and serious risks.
2. When nonpharmacologic therapy alone is not enough, opioids should be used.
3. If opioids are used, then nonpharmacologic or nonopioid therapy should be discontinued.
4. Pain is expected to completely disappear with treatment.

**2. Chronic neuropathic pain is optimally treated with which of the following medication types?**

1. Analgesics, like acetaminophen
2. Anticonvulsants, like pregabalin
3. Nonsteroidal anti-inflammatories, like ibuprofen
4. Opioids, like morphine

**3. Which of the following statements about treatment of acute pain with opioids is** true?

1. Opioid use in acute pain has been associated with long-term opioid use.
2. Three days of opioid treatment is often not sufficient for typical postsurgical acute pain.
3. Extended-release/long-acting opioids should be used for acute pain.
4. Post injury, patients should receive enough opioids to have for at least 2 weeks.

**4. Risks to household members and other individuals if opioids are intentionally or unintentionally shared can be minimized by all of the following except:**

1. Storage in a locked location
2. Safe disposal at the community’s drug-take back program
3. Use of naloxone for overdose reversal
4. Regular urine drug testing of patient

**5. CDC 2016 Guideline for Prescribing Opioids for Chronic Pain recommends offering naloxone for which of the following patients at risk for opioid overdose?**

1. All patients receiving opioids
2. Patients > 65 years
3. Patients taking benzodiazepines and opioids
4. Patients taking more than 30 MME/day or more

**6. A common red flag that a patient may be struggling with an opioid-use disorder or diverting medications includes which of the following?**

1. Atypical quantity and directions on a prescription
2. Credit card payments for opioids
3. Consistent prescription fill dates
4. Previous prescriptions for different opioids by same prescriber

**7. Which of the following is a common sign/symptom of abuse or addiction?**

1. Avoiding eye contact
2. Experiencing withdrawal symptoms even while using opioids
3. Not taking care of one’s hygiene
4. Significant weight gain

**8. A review of the patient’s profile within a prescription drug monitoring program can allow the pharmacy team to**

1. Identify patients who have multiple providers prescribing opioids.
2. Evaluate total opioid dosages.
3. Evaluate other medications that may increase risk of opioid overdose.
4. All of the above

**9. Assessing risk factors for opioid-related harms should be done:**

1. At initiation of opioids
2. Periodically during opioid therapy
3. Both at initiation and during opioid therapy
4. Only in patient with known comorbid conditions

**10. For patients covered by Medicare Part D plans, which of the following will require the pharmacist to consult with the prescriber to either change the prescription or provide information that the prescription is written as intended and medically necessary?**

1. More than a 7-day supply of opioids
2. Cumulative prescription > 50 MME
3. Concurrent opioid and benzodiazepine use
4. Duplicative long-activing opioid therapies

**11. Which of the following is a best practice for pharmacy technicians when identifying a potential opioid prescription problem?**

1. Observe the patient’s behavior
2. Remain calm and polite when communicating with the patient
3. Conduct any conversations about prescription questions or discussions with pharmacist about concerns away from the patient
4. All of the above

**12. Which of the following situations does Not accurately describe an appropriate referral to the pharmacist before the patient-counseling portion of the visit?**

1. Patient describes that she is not receiving pain relief from her opioid prescription; refer to pharmacist for consideration of optimal pain management
2. A patient with skin tracks on arm; refer him to pharmacist for consideration of risks and discussion of naloxone use
3. A patient with questions about obtaining opioid prescription early because of any upcoming trip out of the country; refer to pharmacist to evaluate risks of diversion and patient education
4. A patient who has questions about managing constipation; show the patient the available laxatives in the over-the-counter aisle, no pharmacist referral is needed