**ED**ucation on Chronic Pain Management in the **ED**

Pharmacist Post-test

After completing this continuing education activity, pharmacists will be able to

1. Identify risk factors and common causes of chronic pain
2. Compare patient scoring systems used in opioid risk management
3. Differentiate pharmacological regimens based on pain type
4. Evaluate the pharmacist’s role in chronic pain management in the emergency department

**1. The emergency department is not intended to treat chronic pain, yet emergency medicine providers will often find themselves caring for patients who suffer from chronic pain. Which chronic pain patients are most likely to have acute pain episodes and why?**

A. Some patients with chronic pain prefer the personalized attention they receive in the emergency department.

B. Some patients with chronic pain experience a change or of pain severity or symptoms from baseline.

C. Some patients with chronic back pain can only obtain the opioids they need through the emergency department.

**2. Which of the following statements about chronic pain is TRUE?**

1. Chronic pain is generally well-managed with opioids alone.
2. Psychiatric disorders reduce the risk of developing chronic pain.
3. All chronic pain starts with an acute pain presentation.

**3. A visually impaired patient presents to the ED with acute on chronic pain. Which of the following tools is best to use to assess this patient’s pain?**

1. Numeric rating scale
2. Visual analogue scale
3. Faces rating scale

**4. When assessing a patient’s pain, which of the following is important to keep in mind?**

1. Children and adolescents generally have higher pain tolerance compared to patients older than 65.
2. The numeric rating scale is the preferred pain scale for all patients because everyone understands numbers.
3. Providers should record patients’ subjective reports regardless of the provider’s personal thoughts.

**5. Patient TX is a 65-year-old female who presents with chronic pain secondary to diabetic neuropathy. Which of the following is an appropriate treatment option for her pain?**

1. Gabapentin
2. Oxycodone
3. Acetaminophen

**6. Which of the following statements is TRUE regarding how to choose an analgesic regimen based on patient reported pain scores?**

1. Treat mild pain (pain score 1 to 3) initially with nonopioid analgesics like NSAIDs
2. Treat moderate to severe pain (pain scores 4 to 10) with opioid monotherapy
3. Use IV opioids in a patient with a pain score of 5, even if the patient can tolerate PO

**7. Which of the following best describes neuropathic pain?**

1. Throbbing, aching, less localized
2. Dull, deep, diffuse pain over internal organ(s)
3. Burning, shooting, stabbing, tingling, pins and needles

**8. Patient OP is a 45-year-old female who presents with acute on chronic back pain secondary to a work-related injury. She indicates her pain is an 8 on a scale of 1 to 10, and otherwise has no significant past medical history. As the pharmacist reviewing her home medications, you notice she has the following prescribed:**

**Oxycodone-acetaminophen 5-325mg: 2 tablets every 4 hours around the clock**

**What is a reasonable recommendation you can make to the provider to optimize her analgesic regimen?**

1. Add acetaminophen 325 mg PO every 6 hours PRN breakthrough pain
2. Add oxycodone 5 mg every 6 hours PRN breakthrough pain
3. Apply lidocaine patch 5% to lower back, 24 hours on, 24 hours off

**9. Which of the following is important to document during a medication reconciliation?**

A. Patient adherence

B. Patient copay

C. Two year medication history

**10. Which of the following scoring systems would be helpful for predicting the patient’s adherence to long-term opioid use?**

A. The CDC’s Online Opioid Risk Tool (ORT)

B. Diagnosis, Intractability, Risk and Efficacy Score (DIRE)

C. Faces pediatric pain rating scale