FHCA 2019 Annual Conference & Trade Show

CE Session #8 – Opioids, Diversion and Alternatives in the Skilled Nursing Center

Monday, August 5 – 10:00 to 11:30 a.m.

Celebration 3-4 – Clinical/Care Practices

Upon completion of this presentation, the learner will be able to:

- Define Diversion including types of Diversion
- Prevention, identification of and response to Diversion
- Reduction of opioid use with non-pharmacologic Interventions

Seminar Description:

The opioid crisis is not just outside of skilled nursing centers. Opioid addiction is happening to short-term residents, long-term residents, staff and families. Do you have the best practices to prevent and identify narcotic diversion? Hear from the experts in prevention, identification and reporting concerning narcotic diversion. Learn about non-pharmatological interventions you can implement to better help residents as you manage this risk of addiction and diversion.

Presenter Bio(s):

Robin Allen received her undergraduate and graduate degrees at Florida State University in Speech Language Pathology. She has over 30 years of health care experience including operational, leadership and direct patient care roles. Robin became a health care Risk Manager in 2002. She has focused her efforts on preventative risk management efforts in long term care working previously for Cypress Health Group. Robin is currently the Risk Manager for Consulate Health Care Management.

Dr. Kendra Ferrero is a multi-state licensed RN board certified in Gerontology. She also holds an active Nursing Home Administrator license in several states. Kendra earned her MBA from Warner University and her Doctorate degree with a specialty in Health Care Administration from Northcentral University. She has worked in the post-acute environment since 1977. Kendra has been involved in the delivery of educational presentations in skilled nursing since 1984. She was part of the original RUG11 Demonstration Project when it was implemented in NY in 1985. She has held positions as a Director of Nursing, Regional Nurse, VP of Clinical, Nursing Home Administrator and Regional Vice President of Operations. Kendra currently works with Consulate Healthcare on the clinical team helping oversee clinical and regulatory compliance. She has sat on numerous FHCA committees for the past 10 years. She is a Lead Senior Examiner for AHCA/NCAL Quality Program. Kendra is a certified Risk Manager and has a passion for the skilled nursing environment, ensuring quality care is provided to the residents.

Dr. Rick Foley, PharmD, CPh, BCGP is a consultant pharmacist with CVS/Omnicare with over 25 years' experience in the post-acute long term care market. He is board certified in Geriatrics and is a Fellow of the American Society of Consultant Pharmacists. He is on the Board of Directors for the Florida Society for Post-Acute and Long-Term Care (FMDA), a member of the FMDA CME committee, and the co-chair of the FMDA Florida Quality Advocacy. Rick was a clinical professor of Geriatrics at the UF College of Pharmacy for eight years and is the current professor for the Initial Certification Course for Consultant Pharmacists.

Hazel Mahoney has been a Registered Nurse since 1978, training originally in England, working in the Middle East and then moving to Florida in 1990. She has worked in hospitals, long term care centers and physician provider organizations in various capacities. Hazel completed her BA in Health Administration through the University of Dundee distance learning program in 2012. Hazel has developed, implemented and monitored clinical risk management programs for three long term care companies in Florida, moving into Compliance in 2013. In 2014, Hazel achieved certification in Health Care Compliance and Health Care Privacy Compliance. She has developed, implemented, and now oversees comprehensive Ethics and Compliance Programs for different operating companies which meet OIG guidelines.

Peggy Norris is a Registered Nurse in the State of Florida since 1972 and has 45 years of health care experience. She is also a Certified Dementia Practitioner as of November 2016, SMQT certified with CMS/AHCA as of 2003 and has been employed since 2012 with Signature HealthCare as Signature Care Consultant for the Signature homes in the Panhandle. She is an currently an active member of FHCA Senior Clinicians Committee, FHCA Culture Change Committee and FHCA Risk & Compliance Council (Elopement Work Group).

INTRODUCTION TO CONTROLLED SUBSTANCE ACCOUNTABILITY

www.fhca.org

Objectives

- Define Diversion and understand the types of diversion.
- Understand characteristics and examples of drugs listed in the Federal Controlled Substance Act as Schedule I- Schedule V.
- Understand why nurses are at risk for drug diversion, and some causes of drug diversion.
- Understand individual and company responsibilities in the reduction of, and response to, drug diversion.

www.fhca.org

What is Narcotic Diversion?

"Diversion of medications" is the transfer of a controlled substance or other medication from a lawful to an unlawful channel of distribution or use, as adapted from the Uniform Controlled Substances Act.

www.fhca.org

Statistics

- In Florida 80% of new heroin users begin by misusing prescription pain medications (Surgeon General State of Florida, 2017)
- At any given time, in the USA as a whole, there are 37,000 health care workers who are diverting medications (International Health Facility Diversion Association)
- 15% of healthcare workers are addicted to either drugs or alcohol v. 8% of general population (Mayo Clinic)
- 94% of abused drugs are Schedule II, III, and IV (International health Facility Diversion Association)

www.fhca.org

Types of Diversion

- Taking medication for themselves; Intentional Diversion - Overt theft.
- Inability to prove administration - Diversion by omission.
- Administration to someone for whom the medication was not ordered. (Borrowing)

www.fhca.org

Controlled Substance

Federal Controlled Substance Act created 5 schedules organizing drugs/substances into categories based on the drug/substance's potential for abuse

	Characteristics	Examples
Schedule I	High potential for abuse – no accepted medical use	Heroin, Marijuana, LSD, Ecstasy
Schedule II	High potential for abuse – has currently accepted medical use with severe restrictions	Hydrocodone (Lortab, Vicodin), Oxycodone (Percocet, Oxycontin), Fentanyl, Morphine, Amphetamines (all forms)
Schedule III	Some potential for abuse – has currently accepted medical use – moderate to low physical dependence – high psychological dependence	Tylenol with codeine, Buprenorphine (Suboxone / Butrans), Testosterone;
Schedule IV	Low potential for abuse – may lead to limited physical or psychological dependence	Alprazolam, (Xanax), Carisoprodol (Soma), Clonazepam (Klonopin), Tramadol (Ultram); Zolpidem (Ambien); Temazepam (Restoril)
Schedule V	Low potential for abuse – consist primarily of preparations containing limited quantities of narcotics	Robitussin AC, Phenergan with Codeine Contain not more than 200 mg codeine per 100 ml or 100 gms; Diphenoxylate as in Lomotil; Lacosamide (Vimpat)

Commonly Abused Prescription Medications

- Hydrocodone (Vicodin, Lortab, Lorcet)
- Oxycodone
- Percocet, Percodan, Tylox
- OxyContin
- Acetaminophen with Codeine
- Diazepam (Valium)
- Carisoprodol (Soma)
- Morphine (MS Contin)
- Alprazolam (Xanax)
- Meperidine (Demerol)
- Methylphenidate (Ritalin)
- Hydromorphone (Dilaudid)

Nurses and Drug Diversion

- Nurses have easy access to medications.
- Nurses have the knowledge related to effects of drugs and think can control.

- Nurses tend to self medicate to manage pain. (repetitive injuries or chronic pain)
- Working in health care is stressful.

Causes of Drug Diversion

- Personal addiction due to peer pressure, long shifts, physical fatigue.
- Overuse of drugs to manage pain/sleep.
- Monetary gain through trafficking.

- Emotional, Psychological, Psychosocial stress.

Employee Responsibilities

- Ethical responsibility to ensure the safety and well-being of residents
- Caregivers responsibility to report suspicions of drug diversion to a supervisor or manager aggressively investigating allegations
- Professional responsibility to store, administer and dispose of controlled substances appropriately, guarding against abuse while ensuring that residents have medication available
- Drug dependence and addiction are powerful motivators for staff to circumvent rules and regulations
- GOAL--Develop a culture in which employees recognize the risks and feel individual responsibility for reporting

Organizational Responsibilities

- Screening Procedures
- Ongoing monitoring
- Documentation Reconciliation
- Auditing
- Handling reports of suspicion
- Investigation
- Urine Drug Testing (UDT)
- Entity notifications
- Billing concerns

Questions?

Florida Health Care Association

Identification of Narcotic Diversion

www.fhca.org

Florida Health Care Association

Objectives

- Increase Awareness of Medication Diversion in Long-Term Care
- Understand Controlled Substances
- Learn Best Practices for Preventing Diversion
- Report Drug Diversion by Caregivers

www.fhca.org

Prevention Strategies

- Weekly Control Substance Dispense Report can be generated and emailed weekly to the Administrators and DONs for reconciliation with their received narcotics documentation.
- Use these documents to look for ordering patterns.
- Have a different Nurse/CMA check in the narcotics than whoever ordered them
- Do not ever give one person the complete control over any one of these processes
- Designate only certain days for ordering refills of Narcotics (MWF or TTh). Anything ordered outside of these days will be easily tracked and questioned if necessary.
- Secure your cart keys and never hand them over to another Nurse/CMA
- Remove any discontinued narcotics from the cart in a timely fashion and take to DON for destruction. Destruction should be performed with consultant on a consistent basis (preferably every month/at least every 90 days)
- When removing discontinued narcotics from the cart, have the Nurse/CMA and DON sign and date the documentation on the destruction and count sheet. This will verify the amount that was turned in.
- Communicate with your Hospice Nurses that you do not want prn narcotic meds filled automatically without it being requested by your facility. You do not need "extra" cards of meds in the cart and you should have a record of what was ordered as well as when it came in.

PharMerica

PharMerica

Recognizing Drug Diversion

- Discrepancies in controlled drug counts
- Correcting counts repeatedly
- Wasting amounts of narcotics
- Residents complaining no relief of pain & not receiving medications

- Failure to follow policies & procedures
- Adulterated vials/containers/bubble packs
- Documentation problems or sloppy charting

Signs and Symptoms

Physical Signs

1. Deteriorating personal hygiene
2. Multiple physical complaints
3. Tremors/Shakes
4. Slurred speech
5. Changes in skin
6. Change in weight
7. Pupil changes – constricted
8. Diaphoresis
9. Changes in gait – unsteady
10. Runny nose

Signs and Symptoms

Behavioral Signs

1. Accident prone
2. Emotional or mental crisis
3. Lying or denial
4. Inappropriate responses
5. Decline in alertness levels
6. Confusion or some memory problem
7. Withdrawal or isolation
8. Unkempt or change in hygiene
9. Wearing sweaters or long sleeves

Signs & Symptoms: Work Performance

- Poor work quality
- Request in change of schedule
- Documentation problems
- Errors committed more frequently
- Tardiness/Absenteeism/Leaving early
- Poor judgement and errors
- Frequently disappearing from work
- Always making excuses
- Alcohol smell on breath
- Difficulty meeting deadlines or schedules

Florida Health Care Association

Routine Audits

Audit Element/ Narcotic Count Per Policy

1. Unannounced Observation
2. Counting Cards (# cards/ # pages) and medications
3. Compare MAR to Narcotic Sheet
4. Key Transfer Post Signatures

www.fhca.org

Controlled Substances Random Audit

acility: _____ **Date:** _____

art/Station: _____ **Audited By:** _____

Overall Procedure Audit	Yes	No
Are controlled substances stored in double locked area/permanently affixed (including refrigerator and cart)?		
Are change-of-shift count and signatures in place with two nurses counting?		
Does facility use card/count sheet inventory procedure?		
Is Controlled Ekit count verified at shift change with documentation of this?		
Are all contents in controlled Ekit sealed and in date?		
Are records kept readily retrievable for required time (delivery manifest, count sheets, destruction records)?		
Are two nurses witnessing/documenting destruction of used Fentanyl patches; unused single doses?		
Process established for periodic facility controlled substance reconciliation?*		
Controlled drugs awaiting destruction logged and stored appropriately?		

RANDOM AUDIT (verifying medication to count sheet to MAR)								
Resident Initials:								
Medication Name & Strength:								
oes count on hand match quantity identified on count sheet?	Yes	No	Yes	No	Yes	No	Yes	No
medication expired?	Yes	No	Yes	No	Yes	No	Yes	No
there evidence of tampering or doses taped back into card?	Yes	No	Yes	No	Yes	No	Yes	No
there evidence/indication of borrowing?	Yes	No	Yes	No	Yes	No	Yes	No
count sheet documentation clear (no white out, cross outs)?	Yes	No	Yes	No	Yes	No	Yes	No
re all doses initialed on MAR that are signed out on count sheet?	Yes		Yes		Yes		Yes	

If I Suspect a Diversion: Internal Investigation Options

- Perform an internal audit of all narcotic count sheets.
  - Check to determine that counts add up correctly and are legible
  - Check that there are two (2) signatures for each waste (fentanyl patch)
  - Check for accurate documentation
- Obtain a delivery manifest report from the pharmacy.
  - Use this manifest to verify delivered medications against what is on hand in the medication carts
- Monitor shift counts.
  - Observe nurses performing shift counts
  - Document findings
- Perform an unannounced medication pass observation.
  - Observe the nurse administering medications to the resident
  - Is there evidence of diversion?

PharMerica

Focus Audits

- If Diversion suspected of found, conduct a "Focused Audit" in the area suspected.
- Notify the Pharmacy for their assistance if needed
- Goal is to find the diversion if present

www.fhca.org

Questions?

Florida Health Care Association

Narcotic Diversion: Prevention/Intervention/Investigation

www.fhca.org

Florida Health Care Association

Objectives

- Understand Legal Considerations – Nurse Practice Act and Regulatory.
- Understand Ethical and Humanistic Considerations.
- Other Aspects of Diversion and Interventions.
- Understand Necessary Steps for a Drug Diversion Investigation.

www.fhca.org

Legal Considerations

- Have policies and procedures in place to prevent and manage diversion.
- Frequently monitor/audit compliance with controlled drug procedures.
- Full disclosure and reporting for any diversion.
- Mandatory reporting of any offense.
- Board has a legal responsibility to any violation in organizational policies & procedures.

Nurse Practice Act/FL Nurse Practice Act 464.018

- Disciplinary action documents activities surrounding drug and alcohol use that are grounds for the denial of a licensure or disciplinary actions that include:
  1. Sale, distribution possession of a controlled substance.
  2. Not being able to perform nursing duties with reasonable skill and safety due to illness or use of alcohol, drugs, narcotics or chemicals or any type of material or as a result of any mental or physical condition.

Nursing Practice Act

- The board should not reinstate the license of a nurse who has been found guilty on three different instances for violations on using drugs or narcotics when the offense included drug or narcotic diversion from the patient to the nurse or any health care provider.

Florida Statute or Regulation – F.S.A. 893.07

- Records (Persons engaged in the manufacture, compounding, mixing, cultivating, growing, or by any other process producing or preparing, or in the dispensing, importation, or, as a wholesaler, distribution of controlled substances).
- Maintain a record which contain a detailed list of controlled substances lost, destroyed, or stolen, if any; the kind and quantity of such controlled substances; and the date of the discovering of such loss, destruction, or theft.

Florida Statute

- In the event of the discovery of the theft or significant loss of controlled substances, report such theft or significant loss to the sheriff of that county within 24 hours after discovery.
- A person who fails to report such theft or significant loss of a substance within 24 hours after discovery as required in this paragraph commits a misdemeanor of the first degree or second degree which is punishable.

Regulatory Considerations

- Ensure actions of employees comply with directives & the Nursing Practice Act.

- Collaborative effort to maintain a system of automatic dispensing system to accurately track medications.
- Reporting to appropriate entities for any diversion – Board of Nursing, Board of Pharmacy, Law Enforcement & other State agencies.
- Disciplinary Action and/or Diversion Program.

Survey Citations

483.45 Pharmacy Services

- F755 – Pharmacy Services/Procedures/Pharmacist/Records
  - Assure the accurate acquiring, receiving, dispensing, & administering of all drugs & biologicals to meet the needs of each resident.
  - Guidance to Surveyors: Facility utilizes only persons authorized under state requirements to administer medications. Ensure resident has sufficient supply of medications. Access and safety related to medication storage. Reporting of medication errors (how & to whom).

Survey Citations

- F755: Disposition of Medications (Including controlled medications) – Should prevent diversion and/or accidental exposure and is consistent with applicable state and federal requirements, local ordinances, and standards of practice.
- Storage.
- Authorized personnel – if using unlicensed personnel to administer medications, only under general supervision of a licensed nurse.
- Oriented to facility's procedures and access to current information regarding medications being used within the facility.

Survey Citations

- F761 – Labeling of drugs and biologicals.
- F726 – Competent Nursing Staff – sufficient/qualified staff.
- F841 – Responsibilities of Medical Director – help develop procedures for safe & accurate provision of medications.
- F865 & F866 – QAPI.
- F842 – Resident Records – maintain clinical records, including medication administration.
- F600 & F602 – Resident Rights- abuse, neglect, misappropriation, exploitation.

Ethical Considerations

- Nurse has an ethical duty to protect residents, colleagues, the profession, and community.

- This ethical responsibility extends to nurse leaders/executives to report an impaired professional and ensure he/she receives the appropriate treatment through the Board of Nursing diversion programs or other professional drug and rehabilitation treatment.
- Impaired nurses not allowed to practice and subject residents to potential harm.

Ethical Considerations

- Safe return to the workplace is facilitated.
- ANA Code of Ethics advocates for the promotion of nurses' well-being and rehabilitation to preserve the nursing workforce and the profession.
- Responsibility to assist employees in recovering from grief and/or anger.

Humanistic and Practical Considerations

- Monitor progress and allow to gradually return work with supervision.
- Provide empathy and encouragement
- Maintenance of quality care will maintain a priority.

Other Aspects

- Nursing Competencies regarding nursing management of controlled substances.
- Effective education of staff regarding responsibilities related to controlled drugs and regulatory knowledge - include reporting responsibilities.
- Frequent audits to assure compliance with policy and procedures. Identify suspicious patterns & investigate.
- Nursing leaders must be trained at recognizing symptoms of impairment and intervene immediately to prevent residents from being compromised.

Other Aspects

Investigate immediately:

- Falsification of drug documents.
- Apparent impairment of staff at work.
- Resident life threatening conditions and complaints related to pain.

Questions?

Florida Health Care Association

Drug Diversion Notifications and Reporting

www.fhca.org

Objectives

- Understand Required Notifications for Suspected Drug Diversions
- Understand Required Reporting for Confirmed Drug Diversions
- References for Reporting

www.fhca.org

Suspected Drug Diversion

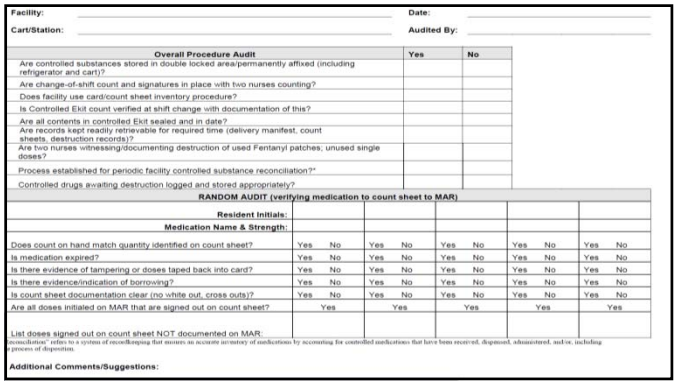
- Notify Appropriate Management Leadership per Facility Policy of suspected drug diversion
- Notify Pharmacy Partner of Suspicion including Pharmacy Consultant

www.fhca.org

Suspected Diversion

- Follow Facility Policy but consider the following factors:
  - Interview and then suspend the employee when identified
  - Notify HR Director
  - Notify Union
  - Conduct Focused Audit

www.fhca.org



Facility: _____ **Date:** _____

Cart/Station: _____ **Audited By:** _____

Overall Procedure Audit	Yes	No
Are controlled substances stored in double locked area/permanently affixed (including refrigerator and cart)?		
Are change-of-shift count and signatures in place with two nurses counting?		
Does facility use card/count sheet inventory procedure?		
Is Controlled Ekit count verified at shift change with documentation of this?		
Are all contents in controlled Ekit sealed and in date?		
Are records kept readily retrievable for required time (delivery manifest, count sheets, destruction records)?		
Are two nurses witnessing/documenting destruction of used Fentanyl patches; unused single doses?		
Process established for periodic facility controlled substance reconciliation?*		
Controlled drugs awaiting destruction logged and stored appropriately?		

RANDOM AUDIT (verifying medication to count sheet to MAR)

Resident Initials:									
Medication Name & Strength:									
Does count on hand match quantity identified on count sheet?	Yes	No	Yes	No	Yes	No	Yes	No	Yes No
Is medication expired?	Yes	No	Yes	No	Yes	No	Yes	No	Yes No
Is there evidence of tampering or doses taped back into card?	Yes	No	Yes	No	Yes	No	Yes	No	Yes No
Is there evidence/indication of borrowing?	Yes	No	Yes	No	Yes	No	Yes	No	Yes No
Is count sheet documentation clear (no white out, cross outs)?	Yes	No	Yes	No	Yes	No	Yes	No	Yes No
Are all doses initialed on MAR that are signed out on count sheet?	Yes		Yes		Yes		Yes		Yes
List doses signed out on count sheet NOT documented on MAR:									

*reconciliation" refers to a system of recordkeeping that ensures an accurate inventory of medications by accounting for controlled medications that have been received, dispensed, administered, and/or, including a process of disposition.

Additional Comments/Suggestions:

Florida Health Care Association

Confirmed Diversion

- Report to Pharmacy Partner/Including Pharmacy Consultant
- Report to Law Enforcement
- Report to APS/DCF

www.fhca.org

Florida Health Care Association

Confirmed Diversion

- Consider
  - Federal Reporting (AHCA)
    - Immediate Report
    - 5 Day Report
    - https://ahca.myflorida.com/MCHQ/Field_Ops/CAU/Federal_Reporting.shtml
  - Elder Justice Act Reporting
    - Over 65 years of age
    - https://www.ahcancal.org/facility_operations/affordablecareact/Pages/Elder-Justice-Act.aspx
  - 15 Day State Adverse Report
    - http://ahca.myflorida.com/MCHQ/Licensee_Provider_Resources.shtml

www.fhca.org

Confirmed Diversion

- Notify Licensing Board – Board of Nursing
  - Division of Quality Assurance
    http://www.floridahealth.gov/licensing-and-regulation/enforcement/index.html

www.fhca.org

Questions?

www.fhca.org

Alternatives To Controlled Substances For Pain Management

www.fhca.org

Objectives

- Define pain
- Identify types of pain
- Identify pharmacologic alternatives for pain management
- Identify non-pharmacologic alternatives for pain management

What is pain?

- Whatever the resident says it is
- However, it is important to identify the causative factors and whether this is acute, chronic, inflammatory or neuropathic

❖*Keep in mind, this does not relate to the terminal resident*

Regulation

FED - F0656 - Develop/Implement Comprehensive Care Plan; F0684 - Quality of Care; F0697 - Pain Management

483.25 Quality of care

Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the resident's choices…

(k)Pain management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html

MDS 3.0 RAI Manual v1.16 October 1, 2018

J0300-J0600: Pain Assessment Interview

- Resident self-report is the most reliable means for assessing pain
- Pain assessment provides a basis for evaluation, treatment need, and response to treatment

DEFINITION PAIN (PG 397)

- Any type of physical pain or discomfort in any part of the body. It may be localized to one area or may be more generalized. It may be acute or chronic, continuous or intermittent, or occur at rest or with movement. Pain is very subjective; pain is whatever the experiencing person says it is and exists whenever he or she says it does

Pain Assessment

- Who is reporting the pain – resident or representative?
- What is hurting? What type of pain? What is the resident's goal/pain tolerance?
- Where is the pain? Local or widespread?
- When does it hurt and for how long has it hurt?
- How does the resident relieve the pain?
- Why does it hurt? Has there been an injury, an accident, a surgery, a chronic illness or some other cause?

Causative Factors

- Nociceptive pain
  - Trauma, damage, insult to tissues
  - Responds to mechanical changes (position, pressure, movement, etc.)
- Neuropathic pain
  - Neuralgias, including diabetic neuropathy, back pain, phantom limb pain
  - Can be the result of sentinel injury that directly damages nervous system
  - Highly variable in intensity and duration
  - More likely to convert to chronic pain

Other - pain syndromes, combination noci-neuro-pain, visceral (organ pain – Crohn's, ulcerative colitis)

Non-Pharmacological Interventions Cognitive/Activities

- Resident centered
- Diversional
- Reading
- Puzzles
- Adult coloring activities
- Visits – in person or via technology
- Education about pain
- Music/music therapy
- Prayer
- Meditation
- Mindfulness
- Pet visitation/animal assisted therapy
- Aromatherapy

Non-Pharmacological Interventions Environmental

- Assistive devices
- Environmental modifications
- Comfortable seating – cushions, wheelchair size/fit
- Lighting/noise – may increase agitation, which may impact pain
- Adjusting room temperature – arthritis, cold
- Tightening & smoothing linens, adequate number of pillows

Florida Health Care Association

Non-Pharmacological Interventions Interventional

- Physical Therapy/Occupational therapy
  - Mirror therapy
  - E-Stim
  - Paraffin wax treatments
  - Ultrasound
  - TENS
- Acupuncture
- Acupressure
- Chiropractic
- Massage

www.fhca.org

Florida Health Care Association

Non-Pharmacological Interventions Physical

- Exercise (aerobics, Tai Chi, Yoga, Wii)
- Hot baths
- Ice packs
- Heat
- Hydrotherapy
- Restful sleep at night
- Progressive muscle relaxation
- Restorative nursing

www.fhca.org

Florida Health Care Association

Non-Pharmacological Interventions Psychological

- Deep breathing
- Distraction/diversion
- Humor/laughter
- Guided imagery
- Mindfulness based stress reduction

www.fhca.org

Pharmacological Alternatives to Narcotics

- Nerve pain – Tricyclic Antidepressants “TCAs” (e.g. Amitriptyline), anti-seizure (Gabapentin, Carbamzaepine), Serotonin and Norepinephrine Reuptake Inhibitors “SNRIs” (Duloxetine, Venlafaxine, Milnacipran).
- Inflammatory pain – NSAIDs (Ibuprofen, Naproxen) and COX-2 inhibitors (Celecoxib, Meloxicam), steroids.
- Other – consider combination of meds based on symptoms e.g. trauma, post-surgery, multi-modal pain regimens.

Education: Day One Through Discharge

- Resident’s expectations of comfort
- Resident’s goals
- Resident’s lifestyle modifications
- Interdisciplinary approach

Questions?

Thank you!

- PharMerica
- RB Health Partners, Inc
- FHCA Risk/Compliance Council Narcotic Diversion Work Group

www.fhca.org

If you need to reach the Risk/Compliance Work Group for questions, please contact Kim Broom at

kbroom@fhca.org
863-899-0693

www.fhca.org