

Welcome to UC Pain Medicine

As anesthesiologists, we deal with pain daily. One of the subspecialties in anesthesia is chronic pain management. We perform comprehensive physical exams, interventions, medication management and use a multimodal approach to treat a variety of chronic pain conditions.

Objectives:

- Be able to capture a good history and focused physical exam.
- Appropriately display the ability to utilize physical exam techniques to guide diagnosis and treatments.
- Understand the idea behind our common procedures: *indications, risks, complications*.
- Learn the pharmacology behind pain management, along with the utilization of other modalities for pain: *physical therapy, acupuncture, psychiatric care*.
- Be able to understand the unique need of chronic pain patients and provide consultation if needed on pain patients in your future jobs which requires a complex understanding of disease pathology and current available treatments.

A successful rotation is defined by a **holistic experience** which includes seeing and evaluating clinic patients, ability to formulate an assessment and plan guided by your H&P and participation in clinic procedures.

Chronic Pain Clinic: Daily Flow

- ☐ Arrive by 7:50 am
 - **Interns:** First day on your rotation will be shadowing either an attending physician or fellow.
 - **Please reference the sample schedule based on CA class at the end of this document. This can change based on the procedures scheduled.**
- ☐ You will see that we have a main white board where the medical assistant will write the name of the patient, room number and appointment type (EST vs New Patient). They will room the patient and collect initial information: ROS, vitals, medication review.
- ☐ Once the MA finishes they will write a time next to the patient's name. This indicates that the patient is ready to be seen by a provider. Please see patients based on this time delineation.
- ☐ Sign your initials next to the patient's name you plan on seeing and begin reviewing the chart.
 - This prevents other providers from reviewing their chart and improves efficiency
 - Do not mark things as reviewed until the MA has completed the check in

? Once in the room, perform a focused H&P and formulate a plan. Confirm/pend needed medications, pend any needed imaging or referrals.

o **NEVER sign any orders.** Only pend them for your attending to review!

o **Never copy and paste the current history, use .fupain dot phrase. This should be done every time patient is seen**

o **CA-1 to CA-3** it is appropriate to discuss your preliminary thoughts with the patient. However, always inform them that the final plan will be determined by your attending

? Once out of the room, briefly present to your attending

o Be sure to include major relevant PMH, most recent injection/procedure along with % efficacy, current pain regimen and your tentative plan

? Attending will go see the patient

o We encourage you to go with the attending to see the patient in clinic unless otherwise indicated

? Complete the visit note

o Confirm with the attending the final plan to ensure your note is accurate

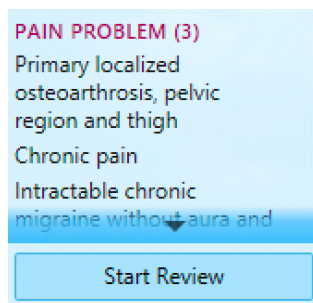
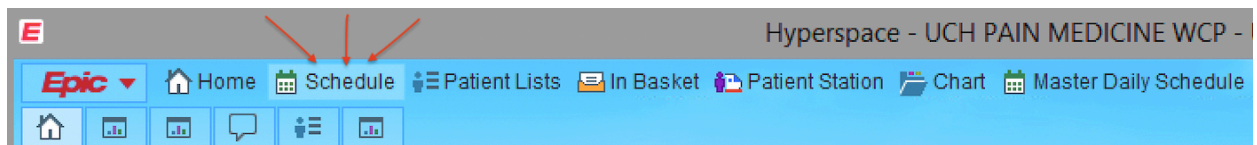
? After the attending is done seeing the patient, they'll erase the patient's name from the white board

Procedures are done both in the morning and afternoon. One trainee will be assigned to AM procedures and this will switch at lunch and another will be assigned for PM procedures

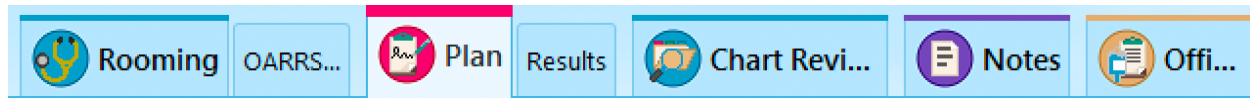
- You will be scheduled 4-5 "protected" half days in the procedure area
- Please review the schedule and read about the procedures ahead of time. There is a handout available on medhub with the most common procedures done in the clinic. You need to be prepared if you want to participate.
- There are always opportunities to observe and possibly participate in procedures throughout the day. Always indicate to the fellows and/or attending's if there is a procedure you are interested in being a part of.

Please understand that we deal with a vulnerable patient population who often have been through many interventions prior to coming to our clinic. Additionally, the procedures which we perform are sensitive and not without risk. Therefore, some procedures and/or patient's may not be optimal for a resident to perform. We will do our best to seek out opportunities for you when appropriate.

- 1000



- Allergies
- Medications
- History
- Problem list
-



5. Under “OARRS” tab: Check OARRS (OH) or KASPER (KY)

- **A** ☐ Review most recent UDS. Reorder if not within the last 6 months for all patients prescribed a controlled substance
- **B** ☐ Renew pain agreement if not completed within the last year
- **C** ☐ Review their OARRS report. Make sure it is consistent with provider expectations.
 - It’s helpful to write down the date of their last refill. You will use this to determine the date for their next prescription.
- **D** ☐ Complete the “New Reading” tab. This needs to be done every visit to document that we are checking medication compliance.

6. Under “Plan” tab

- Pend medications – NEVER SIGN MEDICATION ORDERS. This will be completed by the attending.
 - Click on the circular arrow
 - In order to pend the medication, you'll be asked for a refill date. This is the earliest date the patient can fill it at their pharmacy. See example below:
 - Refill date based on OARRS 6/29
 - Pend your medication for 7/27 and 8/25
 - Remember some months have 31 days

Encounter for long-term use of opiate analgesic

☐ polyethylene glycol (GLYCOLAX) 17 gram/dose powder [redacted] 2 ordered

Dose, Frequency: 17 g, Daily
Summary: Take 17 g by mouth daily., Starting Mon 5/2/2022, Normal, Disp-255 g, R-2

☐ Urine Drug Screen, Comprehensive Panel Scrn/Confirmation [redacted]

Summary: Routine, Clinic Collect, Future, Expires: 6/30/2024, Resulting Agency - UC HEALTH LAB

Lumbar radiculopathy, Myofascial pain, Spondylosis of lumbar region without myelopathy or radiculopathy

☐ oxyCODONE (ROXICODONE) 10 mg Tab [redacted] 0 ordered

Dose, Frequency: 10 mg, 3 times daily PRN End: 7/7/2023
Summary: Take 1 tablet (10 mg total) by mouth 3 times a day as needed (Severe Pain) for up to 30 days. Indications: Pain, Starting Wed 6/7/2023, Until Fri 7/7/2023 at 2359, Normal, Disp-90 tablet, R-0

7. Under “Results”
 - Review any new imaging and labs. Urine toxicology will also be available here
8. Under “Chart Review”
 - Review previous progress note or referral note and familiarize yourself with the patient’s history
 - Review any ED admissions the patient may have had since their last chronic pain office visit
9. Under “Notes”
 - Progress note will be started by the MA when the patient is being checked in
 - Open the note in *Notewriter* and modify the note the MA has already created
 - Make sure to refresh it so all the smart text gets updated
 - Complete HPI by using the **.FUPAIN** dot phrase
 - Go to “Smart Phrase Manager” in Epic ☐ user “Melanie Russell” ☐ add yourself or make a copy of .FUPAIN dot phrase
 - Each HPI needs to contain new unique information from the daily visit.
Do not copy forward old information into the HPI.

- Include any updates on the patient's pain, surgeries, etc
- It is easiest to document the HPI and Physical exam in the room while talking to/examining the patient. You can fill out the OARRS/UDS documentation and any new imaging before going into the room.
- Imaging: add any new imaging results. Please do not write "EMR" this implies you reviewed the entire medical record. Do not erase the old imaging but copy and paste so that it stays in the note.
- Assessment and plan: diagnoses for the visit in assessment, come up with your plan for the patient including medications prescribed, procedures or tests/therapy
 - For f/u visits, you can copy-forward the plan but always update/change it as necessary to ensure it reflects the most recent visit, make sure you go through every line in the plan with the patient and the medication mentioned in the plan are current.

New Patient Pain Documentation: All new patients get a packet with ORT/SOAPP and PDI documentation; this needs to be put in the Pain Documentation tab by the fellow or resident

.PLANNEWPATIENT is a helpful dot phrase for a NPV assessment and plan

10. Under "Office Visit"

- Complete injection history, consents and pain contracts PRN

Rooming Plan Results OARRS... Chart Revi... Notes Offi... Medic... MAR Care E... Notes Flowsheets SnapShot Wra...

ESTABLISHED PATIENT - 8 wk follow up

H & P Notes Procedure Pre OP Additional Pre Pro Pain IV Start Up Universal Protocol Intra Op Procedure Injection History Procedure Post OP Procedure Notes

Doc Flowsheet Charge Capture Consents

Consents

Add new document type + Add

New Acute Pain Agreement E-Sig New Chronic Pain Agreement - Esig New AMB General Procedural Consent

Scan AMB Informed Procedural Consent New AMB SMOKING CESSATION CONTRACT New UC HEALTH - SURGICAL Consent - Esig

Last updated 07/08/23

The screenshot shows a medical software interface with a top navigation bar containing tabs like 'Consult Orders', 'Visit Info', 'Vital Signs', 'Fall Risk', 'Care Everywhere', 'Allergies', 'Verify Rx Benefits', 'Home Medications', 'Patient Hx', 'History', 'SOCI', and 'Chronic Migraine'. Below this is a sub-navigation bar with 'Pain Documentation', 'Pain OV ADL', 'Pain - BWC', 'Injection Information' (selected), 'Intake Questions', 'Review', and 'Consents'. The main content area is titled 'Injection History' and includes a 'Procedure Date' field, a 'Procedure' section with checkboxes for various injections (e.g., Brachial plexus nerve block, Botox injection, ESI, Hip injection, Knee steroid injection, Lumbar facet joint injection, Lumbar sympathetic nerve block, Medial branch block - Cervical, Medial branch block - Thoracic), a 'Procedures' section with checkboxes for Lumbar, Occipital, Peripheral nerve blocks and RFA (Cervical, Thoracic, Lumbar, Genicular, Other), an 'Additional Procedures' section with checkboxes for Selective nerve root block, Shoulder, Small joint, Sympathetic, Trigeminal nerve, and Trigger point injections, an 'Effect of Injection (%)' slider from 0 to 100, and a 'Length of Relief' field. At the bottom are buttons for 'Restore', 'Close', 'Cancel', 'Previous', and 'Next'.

A quick note on the H&P:

A strong history and physical exam will lead you to the likely etiology of a patient's pain in many cases. On new patients, a thorough physical exam should be performed, including motor strength and sensation. If a procedure is performed and leads to changes, good documentation of prior deficits is crucial to understanding what may have happened. On follow up patients, it is important to document changes in the pain location and qualities on the physical exam.

A collection of physical exam tests arranged by anatomical location, with links to videos showing how they are performed is available at <https://goo.gl/jiY3QJ>. This is by no means all inclusive. The most commonly performed ones include facet loading, straight leg raise, FABER, Spurling's test and others evaluating the knees and hips.

Sample Schedule

Monday	Tuesday	Wednesday	Thursday	Friday
	Clinic Day 1 Interns: shadowing CA1- CA3 re-orientation	Clinic Day 2 Intern - CA3: ½ clinic, ½ procedure	Clinic Day 3 Intern - CA3: ½ clinic, ½ procedure	Clinic Day 4
Clinic Day 5	Clinic Day 6	Clinic Day 7 Intern - CA3: ½ clinic, ½ procedure	Clinic Day 8	Clinic Day 9 Intern - CA3: ½ clinic, ½ procedure
Clinic Day 10 Intern- CA3: ½ clinic, ½ procedure Intern - CA3: ½ clinic, ½ procedure	Resident Switch Day			

- Each morning, please participate in an AM huddle to decide which shift will serve as “protected” procedural time for the resident
 - Huddle to include resident, fellow(s) +/- attending
 - If attending is not a part of huddle, be sure to inform them of how the day will be split
 - If procedures do not take up the full half day, the expectation is for you to see clinic patients. Regardless of the timing of procedures, you are expected to be in clinic for the full day
 - Resident’s please be mindful that our patient population and procedures are sensitive and may not be suitable for a resident to perform. Your protected time will be a combination of viewing and performing clinic procedures
 - During your protected time, it is the resident’s responsibility to:
 - Complete the H&P and consent form
 - If the patient was evaluated in clinic within the last month Use .hp dot phrase instead
 - If the patient has not been seen in the last 30 days type “anes his” into the smart text box and complete an H&P **including relevant physical exam**
 - Assist with drawing trays and preparing medications between procedures
 - Assist with prepping and draping the patient
 - Please be gloved when attending enters the room if you plan to assist with procedure
 - Post procedure, dispose of sharps, waste etc

We want you to get the most out of this experience! Please feel free to ask any questions throughout your rotation.