LEARNER TASKS

Gather Data:
- Assess current pain level, the impact of that pain, and the effectiveness of the current pain management plan.
- Estimate level of risk in of opioid pain management, including screening for substance use and mental health disorders in the patient and his family. Use PHQ-2, PMP query, single-question screening tool.

Build Relationship:
- Counsel patient on the risks and benefits of opioids, and obtain verbal informed consent for their use.

Engage Patient in Care Plan:
- Prescribe opioids and non-opiate treatment in the appropriate strength and quantity for managing this condition, with clear instructions about dosing and safety precautions. Use of patient education form, including storage/disposal.
- Make a follow up plan to support this patient through his recovery from this injury.

CASE DETAIL

Patient Profile:
Name: Chris Randall, a person of color, age per SP (18-50), gender per SP.
Occupation: Warehouse floor manager and forklift driver
Pain complaint: Acute right humeral pain after MVA 3 days post op

Setting: The patient is a warehouse worker scheduled to see Ortho in follow up 3 days after ORIF of a right humeral fracture sustained in an MVA. You were not involved in the surgery but received and reviewed the records. He has no significant PMH, medications, allergies or family history. Urine drug screen done in the ED was negative for Opiates, Cocaine, THC, Benzodiazepines, amphetamines, and Barbiturates.

Patient was admitted overnight after the surgery, and there were no complications. Prescription Monitoring Program check on discharge was unremarkable and pt was discharged with oxycodone-acetaminophen tablets 5/325 mg # 30 with instructions to take “1-2 tabs every 4 hours as needed for pain.” Physical exam is unremarkable with intact neurovascular and wound exams.

Additional History:
- Some nausea and constipation; also generalized aches and soreness after the accident
- Gets no sick time and is primary earner
- Tried marijuana in youth but not recently; drinks alcohol approx. 2 x per month (3 x 12 oz beer)
- Father died of lung cancer years ago, and had limited access to healthcare and poor pain control while dying; no other significant family history, no drug or alcohol issues; one aunt with depression and stable

Pain and Functional Assessment:
- Pain 7/10 currently (5-9/10), impacting sleep and function more than expected. Gets no pain relief after taking 1 tab, but partial relief after taking 2 tabs. Pain is not manageable with current regimen, and his goal is to function better.
- Right-handed patient with difficulty with ADLs; unable to help with family

Recommended Prescription and Counseling:
Increase Oxycodone-acetaminophen to 7.5 mg/325 mg 1-2 tabs PO q4 hrs PRN pain, not to exceed 10 tablets per day (due to acetaminophen dose). Dispense 1 week supply until next visit: #70. Encourage patient to take 2 tabs scheduled during the day (including 1 hour before PT).

Rationale:
Patient had partial relief with oxycodone 10 mg, so we increase the dose by 50% to oxycodone 15 mg. You will reassess the patient in 1 week and subsequent visits. From the beginning, you should both understand his fracture will heal, his pain will resolve and opioids will be weaned & discontinued after a period of 3 days.
**iCELS staff will announce timing to assure the day flows correctly.**

Please make every effort to stay on time.

<table>
<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
</tr>
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<tbody>
<tr>
<td>0 min</td>
<td>Staff announce time to prep for the case: direct learners to review materials and tasks.</td>
</tr>
<tr>
<td>5 min</td>
<td>The SP knocks and enters the exam room.</td>
</tr>
<tr>
<td>17 min</td>
<td>Staff give the 2-minute warning.</td>
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</tbody>
</table>
| 19 min | Staff announce the end of the encounter.  
\[19 min\] The SP will not participate in feedback, but exit the exam room to complete a checklist.  
\[19 min\] You will begin debriefing. |
| 27 min | Staff give the 2-minute warning to finish up debriefing. |
| 29 min | Staff announce the end: stop debriefing and direct learners to prepare for the next case. |

Use this space to record feedback notes, or any points to support ongoing learning.

Include these questions in your discussion.

- How did that feel for you? What went well? Where did you feel stuck?
- How might socioeconomic, cultural and racial factors impact the way that clinicians assess pain and prescribe medications?
- How did your inquiry about the patient’s personal story (his father’s cancer pain, his co-worker’s addiction) affect your relationship and your plan of care?

You may not make it through all elements of the case – this is ok: use this experience to emphasize that the case is difficult and may require more time or multiple visits. You may also finish early. If so, please use that time to share your personal experiences or discuss the key points in more detail.

Ask each learner to read a key point aloud.

Key Points:
- Multiple ED studies show Black and Latino patients are less likely to receive prescriptions for opiate medications for certain conditions. www.ncbi.nlm.nih.gov/pubmed/27501459. For Black patients in particular this includes treatment of back and abdominal pain, but not kidney stone, toothache or long bone fracture.
- Comprehensive pain assessment includes cardinal 7 features, past and current treatments, and impact on functioning and quality of life.
- Patients of color, particularly men may not be comfortable expressing frustration or anger with the medical system given historic maltreatment of men of color (dating back to the Tuskegee experiments) and ongoing societal bias in the US. An opioid epidemic has ravaged minority communities for years and is receiving more attention now that impact has increased in majority communities, which highlights disparities in healthcare.
- Systems-based practice for prescribing opiates includes informed consent, patient-provider agreements, counseling regarding risks/benefits/side effects, and safe storage and disposal of unused medications.
- SAFE prescribing does not mean NO prescribing. (Pain Medicine 2016; 17:2153-2154)