

PAIN MANAGEMENT SCOPE OF PRACTICE GUIDELINES

Medical Conditions

This protocol is developed for the chronic pain patients. Diagnoses managed by this practice include but not limited to the following: spinal degenerative disc disease and stenosis, facet joint syndrome, osteoarthritis, rheumatoid arthritis, fibromyalgia, muscle spasm/strain, gout, sacroiliitis, carpal tunnel syndrome, bursitis/tendonitis, osteoporosis, pelvic pain, headaches and various pain syndromes.

Associated illnesses may include but are not limited to various skin disorders, nail disorders, diseases of the sinuses, oral cavity and pharynx, neck masses, pulmonary disease, congestive heart failure, hypertension, valvular and coronary artery disease, anemias, neutropenia, leukemia, lymphoma, platelet and coagulation disorders, diseases of the esophagus, stomach, duodenum, small intestine and colon, disease of the liver, biliary tract and pancreas, menopausal syndrome, allergic rhinitis, electrolyte disorders, renal disease, headache, seizures, neurological disorders, sleep disorders, seizures, weakness, common mood disorders, substance abuse, thyroid and bone disease, DM type 1 and 2, lipid abnormalities, infectious disease and fatigue.

The PA will obtain accurate information regarding HPI, PMH, FH, SH, medications, allergies and ROS. The PA will perform appropriate physical examination, including skin, HEENT, cardiovascular, pulmonary, abdominal and muscular/neurologic.

General Practice Guidelines

1. The physician assistant will practice under state and federal laws pertaining to his/her licensure, certifications and credentialing without exception.
2. The physician assistant will practice based on his/her level of expertise and will be expected and encouraged to discuss with his/her supervising physician and/or fellow colleagues if/when the situation is beyond his/her level of expertise.
3. The physician assistant will practice with patient care and safety as the first objective.
4. The physician assistant will practice under the scope of his/her supervising physician and will not treat patients out of the scope of this practice, namely, pain management. The physician assistant will be expected to refer the patient to his/her primary care provider for those medical issues not under the scope of pain management.
5. The physician assistant is always encouraged to discuss ways to improve patient care, clinic efficiency and any other overall benefit to the clinic with his/her supervising physician and/or colleague(s). The physician assistant is also encouraged to discuss any concerns he/she may have regarding patient care or clinic management.

Patient-Provider Interactions

1. The agreement signed by the patient should always be followed by both the patient and physician assistant. Allowances will be made for that which is deemed medically necessary and defensible, but the physician assistant is encouraged to discuss allowances with peers and/or the supervising physician as appropriate.
2. The physician assistant will not terminate any patient's care with the clinic without defensible, justifiable cause and will do so only after considerable review of any other option. The physician assistant is encouraged to discuss patient non-compliance with the supervising physician prior to making this decision.
3. In general, no patient is to be treated by telephone encounter except as deemed medically necessary and defensible or as directed by the supervising physician.
4. Medication changes should only take place in office visits, except as where insurance approval hinders a patient from receiving the prescribed medication - appropriate replacements should then be given - or as indicated in a patient's progress note as allowable.
5. The physician assistant will monitor any patient for which he/she is prescribing scheduled narcotics with urine drugs screens and pill counts as appropriate.

Treatments

- Establish differential diagnosis
- Educate and counsel patients
- Prescribe physical and occupational therapy, including therapy and DME
- Order and interpret further testing, including but not limited to urine and serum samples, radiology imaging and EMG
- Maintain open communication with patients and physicians
- Make appropriate referrals to other physicians/institutions
- Dispense samples and prescribe medications as dictated by prescriptive privilege, state law or verbal order of physician
- Inject joints and muscles with steroid, viscosupplementation, Botox or Prolotherapy
- Offer biofeedback services, including Alpha Stim and N Stem
- Access, flush and refill intrathecal catheters
- Manage spinal cord stimulator devices

Drug Therapy

- Standard prescriptive privileges approved by SCMB, prescriptive authority #781
- Corticosteroid, viscosupplementation, Botox and Prolotherapy injections as necessary
- Medications appropriate to treat chronic pain syndromes and associated illnesses. PA will both initiate and refill the following in accordance with SC PA practice act:
 1. NSAIDs
 2. Antidepressants
 3. Benzodiazepines
 4. Skeletal muscle relaxants
 5. Neuromodulators
 6. Narcotics – schedule II-IV following SC PA practice act

Direct Evaluation/Immediate Referral

- Patients with inadequate response to therapies initiated by P.A.
- Patients presenting with conditions requiring hospitalization
- PA may direct BLS/ACLS/PALS until physician assumes patient care