Title: Pain Consultation Service - Clinical Pharmacist

I. Policy Statement

A. It is the policy of the Community Health Network and San Francisco General Hospital and Trauma Center that all standardized procedures are developed collaboratively and approved by the Committee on Interdisciplinary Practice (CIDP) whose membership consists of Nurse Practitioners, Certified Nurse Midwives, Physician Assistants, Registered Nurses, Physicians, Pharmacists, Administrators and other Affiliated Staff.

B. A copy of the signed procedures will be kept in Hospital Pharmacy Administration, and on file in the Medical Staff Office.

II. Functions to be performed

A Clinical Pharmacist (CP) is a Registered Pharmacist who has additional preparation and skills in physical diagnosis, psychosocial assessment, and management of health-illness; and who has met the requirements in Title 16, CCR Section 1474. Clinical Pharmacists provide health care, which involves areas of overlapping practice between pharmacy and medicine. These overlapping activities require standardized procedures. These standardized procedures include guidelines stating specific conditions requiring the Clinical Pharmacist to seek physician consultation.

III. Circumstances Under Which a Clinical Pharmacist May Perform Function

A. Setting
   The Clinical Pharmacist may perform the following standardized procedure functions with the Pain Consultation Service in both the Inpatient and Outpatient areas consistent with their experience and credentialing.

B. Scope of Supervision Required
   1. The Clinical Pharmacist is responsible and accountable to the Pain Consultation Service Medical Director or physician designee.
   2. Overlapping functions are to be performed in areas which allow for a consulting physician to be available to the Clinical Pharmacist by phone or in person, including but not limited to the clinical area.
3. Physician consultation will be obtained as specified in the protocols and under the following circumstances:
   a) Acute decompensation of the patient
   b) Pain which is not resolved as anticipated
   c) Upon request of the patient, pharmacist or physician
   d) Poor patient adherence

IV. Requirements for the Clinical Pharmacist

A. Experience and Education
   1. Active California Registered Pharmacist license
   2. Successful completion of a Clinical Pharmacy Residency program which conforms to the American Society of Health-Systems Pharmacists standards.

B. Special Training
   1. Previous work experience in interdisciplinary pain consultation.
   2. Ongoing review of literature in pain management practices.

C. Evaluation of Clinical Pharmacist (CP) competence in performance of standardized procedures:
   1. Initial: at the conclusion of the standardized procedure training the Medical Director or physician designee will assess the CP’s ability to practice. Method of proctoring will be direct observation of 5 patients utilizing the Pain Consultation Service.
   2. Annual: Medical Director or physician designee along with Pharmacy Administration will evaluate the Clinical Pharmacists competence through an annual performance appraisal and appropriate competency validation for the setting. Competency validation review will include direct observation of 5 patients on the Pain Consultation Service.
   3. Follow-up: areas requiring increased proficiency as determined by the initial or annual evaluation will be re-evaluated by the Medical Director or physician designee and Pharmacy Administration at appropriate intervals until acceptable skill level is achieved.

V. Development and Approval of Standardized Procedure

A. Method of Development
   Standardized procedures are developed collaboratively by the Nurse Practitioners, physicians, pharmacists and administrators and must conform to the eleven steps of the standardized procedure guidelines as specified in Title 16, CCR Section 1474.

B. Approval
   All standardized procedures must be approved by the CIDP, Credentials Committee, Medical Executive Committee and Governing Body prior to use.
C. Review Schedule
   The standardized procedure will be reviewed every three years by the practitioner and medical director and as practice changes.

D. Revisions
   All changes or additions to the standardized procedures are to be approved by CIDP accompanied by the dated and signed approval sheet.
Protocol: Clinical Pharmacist with the Pain Consultation Service

A. Definitions: Scope of Practice of the Clinical Pharmacist with the Pain Consultation Service and Pain Consultation Clinic

1. Management of patients with pain
2. Ordering laboratory tests pertaining to pain management
3. Recommending new medications and changing medications with physician consultation
4. Patient education regarding pain management
5. Standardized Procedure functions will be performed only when a consulting physician is available in person or by phone to the clinical pharmacist.

B. Data base

1. Subjective
   a. Complaint or present status of pain
   b. Current therapy, including pain medications, medications for constipation, psychoactive medications and other treatments for pain
   c. Other symptoms
   d. Relevant past medical history, pain history and review of systems

2. Objective
   a. Laboratory tests for renal and/or hepatic function
   b. CBC
   c. Urine toxicology
   d. Other laboratory tests as per physician order

C. Assessment

1. Consistent with subjective and objective findings
2. Assessment of status of pain and adverse effects of therapy

D. Plan

1. Treatment
   Continue, alter, or adjust pain medication regimen as indicated by the patient’s condition. This will be done by either writing recommendations to the Primary Team or writing orders after consultation with the Primary Team or physician. When writing orders, the name of the Primary Care team member who concurs with the order will be included in the medication order.

2. All consultations will be written in the clinical progress note section of the chart.
3. Conditions requiring consultation with the Pain Consultation physician
   Referral by medical team for patients with unrelieved pain

4. Education
   Patient education and counseling regarding the use of pain medication(s) and possible adverse effects and drug interactions.
5. Follow-up
Management of patients with chronic illnesses, specifically those requiring long-term treatment with pain medications including ordering laboratory tests, initiating and changing medications, and patient education.

E. Record keeping  
Medical records will be kept on all patients seen by the clinical pharmacist and will include pain history, diagnosis, therapy prescribed or maintained, and follow-up using "pain scale" as appropriate.