WAC 246-922-695  Acute nonoperative pain. The podiatric physi-
cian shall comply with the requirements in this section when prescrib-
ing opioid analgesics for acute nonoperative pain and shall document
completion of these requirements in the patient record:

(1) The podiatric physician, or his or her authorized designee,
shall conduct queries of the PMP in accordance with the provisions of
WAC 246-922-790 and document their review and any concerns in the pa-
tient record.

(2) If the podiatric physician prescribes opioids for effective
pain control, such prescription must not be in a greater quantity than
needed for the expected duration of pain severe enough to require
opioids. A three-day supply or less will often be sufficient; more
than a seven-day supply will rarely be needed. The podiatric physician
shall not prescribe beyond a seven day supply without clinical docu-
mentation in the patient record to justify the need for such a quanti-
ty.

(3) The podiatric physician shall reevaluate the patient who does
not follow the expected course of recovery. If documented improvement
in function or pain control has not occurred, the podiatric physician
shall reconsider the continued use of opioids or whether tapering or
discontinuing opioids is clinically indicated.

(4) Follow-up visits for pain control must include objectives or
metrics to be used to determine treatment success if opioids are to be
continued. This may include:
   (a) Change in pain level;
   (b) Change in physical function;
   (c) Change in psychosocial function; and
   (d) Additional planned diagnostic evaluations to investigate cau-
se of continued acute nonoperative pain or other treatments.

(5) Long-acting or extended release opioids are not typically in-
dicated for acute nonoperative pain. Should a podiatric physician need
to use a long-acting or extended release opioid for acute pain, the
podiatric physician shall document the reason in the patient record.

(6) A podiatric physician shall not discontinue medication assis-
ted treatment medications when treating acute pain, except when con-
sistent with the provisions of WAC 246-922-780.

(7) If the podiatric physician elects to treat a patient with
opioids beyond the six-week time period of acute nonoperative pain,
the podiatric physician shall document in the patient record that the
patient is transitioning from acute pain to subacute pain. Rules gov-
erning the treatment of subacute pain in WAC 246-922-705 and
246-922-710 shall apply.

[Statutory Authority: RCW 18.22.005, 18.22.015, 18.22.800, and 2017 c
297. WSR 18-20-085, § 246-922-695, filed 10/1/18, effective 11/1/18.]