WAC 246-922-700  Acute perioperative pain. The podiatric physi-
cian shall comply with the requirements in this section when prescri-
bing opioid analgesics for perioperative pain and shall document com-
pletion 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 fourteen-day supply from the time of dis-
charge without clinical documentation in the patient record to justify
the need for such a quantity. For more specific best practices, the
podiatric physician may refer to clinical practice guidelines includ-
ing, but not limited to, those produced by the agency medical direc-
tors' group, the Centers for Disease Control and Prevention, or the
Bree Collaborative.

(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 should 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 or other treat-
ments.

(5) If the podiatric physician elects to prescribe a combination
of opioids with a Schedule II-V medication listed in WAC 246-922-775
or prescribes opioids to a patient known to be receiving a medication
listed in WAC 246-922-775 from another practitioner, such prescribing
must be in accordance with WAC 246-922-775.

(6) If the podiatric physician elects to treat a patient with
opioids beyond the six-week time period of acute perioperative 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 unless there is documented improvement in
function or pain control and there is a documented plan and timing for
discontinuation of all opioid medications.

[Statutory Authority: RCW 18.22.005, 18.22.015, 18.22.800, and 2017 c
297. WSR 18-20-085, § 246-922-700, filed 10/1/18, effective 11/1/18.]