Access to pain management is a fundamental human right. Poorly treated pain can lead to psychosocial morbidity including suicide and decreased life expectancy. Chronic pain has been linked to the opioid crisis.

Elective procedures: postpone
Urgent procedures: decide on case-by-case basis
Emergent procedures: proceed with caution

Place signs at triage points to instruct patients on clinic flow and proper hygiene.

Limit unnecessary visits and escort requirements.

Maintain strict sterile technique, with universal precautions. Disinfect all surfaces (eg, stethoscope, tables) touched by patients.

Fever pain procedures result in aerosolization; for high-risk patients, providers should wear N95 masks or PAPRs.

DISCLAIMER

The guidelines presented in this document are intended to provide information to help in making medical decisions. They should not be regarded as either medical or legal advice. The information in this document applies to general principles of pain care and does not take into account specific circumstances of individual patients. It is not intended to be a substitute for medical care. Medical care should be provided by trained practitioners. The authors do not warrant or guarantee that these guidelines are complete or up to date. The guidelines are subject to change without notice. The guidelines are not intended to replace the physician’s professional judgment. The guidelines should not be used as a substitute for informed medical judgment.

COVID CHRONIC PAIN BEST PRACTICE GUIDELINES

RISK MITIGATION

TELEMEDICINE

STEROID FACTS

NSAIDS

PROVIDER MENTAL HEALTH CONSIDERATIONS

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A 2-way audiovisual encounter can be billed the same as an in-person visit.

A billing modifier is required for a telephone visit.

Trainees may participate with supervision of an attending physician.

Only 12 states currently permit telehealth across state lines.

Electronic pain diaries can be used for remote monitoring.

D.E.A. now permits opioids to be prescribed via telehealth, but strongly consider in-person evaluation for new opioid prescriptions or long-term dose escalation.

Psychological therapies are ideal for telehealth.

No evidence that they can lead to deterioration in COVID patients or increase risk of infection

May mask early signs of infection

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