


Department of Health
Nursing Care Quality Assurance Commission

Interpretive Statement

Revised – 10/18/11

<i>Title:</i>	Application of WAC 246-840-4659 to Nursing Homes and Long-Term Acute Care Hospitals.	<i>Number:</i> NCIS2.00
<i>References:</i>	WAC 246-840-460 through 246-840-4990	
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<i>Supersedes:</i>	n/a	
<i>Approved By:</i>	 Tracy Rude, Chair Nursing Care Quality Assurance Commission	

The Nursing Care Quality Assurance Commission (commission) interprets the pain management rules (WAC 246-840-460 through 246-840-4990) that apply to the treatment of patients by licensed practical nurses, registered nurses, and advanced registered nurse practitioners to also extend to patients admitted under hospital orders to Nursing Homes licensed under RCW 18.51 or Chapter 388-97 WAC ("Nursing Homes") and long-term acute care hospitals (LTACs) as outlined in WAC 182-550-2565. The commission further clarifies that the discharge facility's history and physical may be considered an appropriate history and physical under WAC 246-840-4659 to allow timely prescribing of needed medications for acute non-operative pain or acute perioperative pain.

Pursuant to legislative mandate, the commission adopted rules in 2012 for the management of chronic, non-cancer pain. These rules did not apply to the management of cancer-related pain or acute pain caused by an injury or surgical procedure. In 2017, the legislature enacted Engrossed Substitute House Bill 1427, requiring the commission to adopt rules establishing requirements for prescribing opioid drugs. The adopted rules apply to the prescribing of opioids for the treatment of pain, including acute non-operative, acute perioperative, sub-acute, and chronic pain.

There are certain types of pain management treatments excluded from the rules, including hospital patients receiving inpatient treatment for more than twenty-four hours. The commission recognizes that patients in Nursing Homes and LTACs are typically high acuity and are similarly situated to hospital patients receiving inpatient treatment. However, there is no specific exclusion for pain treatment of patients in Nursing Homes or LTACs.

Proper pain management is required by law in Nursing Home and LTAC settings and is necessary for patient quality of life. Nursing Homes and LTACs are not outpatient settings and medications are not controlled or handled by patients. When a patient is admitted to a Nursing Home from a hospital, a Nursing Home is required by WAC 388-97-1000 and RCW 74.42.150 to document that patient's history, physical examination results, and healthcare provider's orders for care. Often Nursing Home patients are admitted with a limited prescription of pain medications. Similarly, LTACs are hospital settings designed for longer-term treatment, and patients receive 24-hour clinical care. The commission considers patients admitted to Nursing Homes and LTACs to be continuing their treatment protocol as applied when they were in an inpatient hospital setting. The current rules require an attending provider at a Nursing Home or LTAC to collect a patient history and conduct a physical examination prior to prescribing opioids, as well as consult the Prescription Monitoring Program. An attending provider may not be able to immediately perform a new history and physical to authorize a prescription to continue pain management. This disrupts the continuity of pain management and may jeopardize the quality of care in Nursing Home or LTAC settings.

Therefore, the commission clarifies that under WAC 246-840-4659, an advanced registered nurse practitioner may consider the discharge facility's patient history and physical examination to be an appropriate patient history and physical examination for the purpose of prescribing opioids within a reasonable period of time.