



Rule 4723-9-10, OAC: CNPs, CNSs, CNMs Prescribing Opioid Analgesics for Acute Pain

Rule [4723-9-10](#), OAC, sets forth standards of prescribing for advanced practice registered nurses (APRNs) who are designated as clinical nurse specialists (CNSs), certified nurse-midwives (CNMs), or certified nurse practitioners (CNPs). The rule includes the requirements for prescribing opioid analgesics for the treatment of acute pain. For the purposes of this document, APRN prescribers include CNSs, CNMs, and CNPs.

The information below provides **an overview**. APRN prescribers should review Rule 4723-9-10 in full, in conjunction with: Medical Board Rule [4723-11-13](#), OAC, the [FAQ](#) published by the Medical Board; Pharmacy Board Rules [4729-5-30](#) and [4729-17-13](#), OAC, [Issuing a Valid Prescription: What Every Prescriber Needs to Know](#), and the Pharmacy Board Morphine Equivalent Dose (MED) Calculator at: www.pharmacy.ohio.gov/MEDtable.

Prescribing Opioid Analgesics for Treatment of Acute Pain

Effective August 31, 2017, Rule 4723-9-10, OAC, limits the prescribing of opioid analgesics for acute pain by APRNs. These limits **do not apply to inpatient prescriptions¹** and **do not apply** to prescriptions for:

- Cancer and associated conditions;
- Palliative care;
- End-of-life/hospice care;
- Medication-assisted treatment for addiction.

For all other situations, the following limits apply to opioid analgesics prescribed for treatment of acute pain:

- Extended-release or long-acting opioids shall not be prescribed;
- Non-opioid treatment options must be considered first;
- Opioids may only be prescribed following a history and physical that determines the need for the prescription;
- The patient has been advised of the benefits and risks of the opioid (including the potential for addiction) and this is documented in the patient record;
- The presumption is a **three-day supply or less** is frequently sufficient;
- Not more than a **seven-day** supply of opioids may be prescribed for adults, with no refills.
- Not more than a **five-day** supply of opioids may be prescribed for minors, with no refills, and only after the written consent of the parent or guardian is obtained.
- The seven-day and five-day limits may be exceeded for pain expected to persist for a longer period of time **as long as a 30 MED average per day** is maintained and the APRN documents in the patient record the reason for exceeding the time and why a non-

¹ See definition in Pharmacy Board Rule 4729-17-01, OAC.

opioid medication is not appropriate.

Exception to the 30 MED Average Per Day (Effective January 1, 2018)

The morphine equivalent dose of a prescription for acute pain cannot exceed an average of 30 MED per day, **except as follows:**

- The patient suffers from a medical condition, surgical outcome, or injury of such severity that pain cannot be managed within an average of 30 MED per day such as:
 - Traumatic crushing of tissue;
 - Amputation;
 - Major orthopedic surgery;
 - Severe burns.²
- The treating physician³ for the condition has entered a standard care arrangement with the APRN.
- The APRN documents in the patient's record the reason for exceeding the 30 MED average and the reason it is the lowest dose consistent with the patient's medical condition.

APRN Collaboration and Standard Care Arrangement

- Ohio law requires that APRNs practice in collaboration with a physician or podiatrist with whom the APRN has entered a written contract called a standard care arrangement (SCA).⁴
- An APRN's prescriptive authority cannot legally exceed that of the APRN's collaborating physician.⁵
- Ohio physicians are required to comply with Medical Board Rule 4731-11-13, OAC, which prohibits physicians from exceeding the 30 MED average *unless the physician is the "treating physician"* for the patient's medical condition (such as traumatic crushing of tissue, amputation, major orthopedic surgery or severe burns).
- The APRN must have a SCA with the "treating physician" in order to exceed the average 30 MED dose for treatment of acute pain.
- **The SCA must document the understanding between the APRN and the treating physician** as to: (a) when the APRN prescriber may exceed the 30 MED average; and (b) whether the APRN prescriber must consult with the physician prior to exceeding the 30 MED average, and if consultation is required, when it is required.
 - **Example:** An APRN has an SCA with all physicians in a facility orthopedic surgical unit, signed by the unit director or chair as the designated representative. The SCA includes an exhibit specifying conditions in which the APRN may exceed the 30 MED average following major orthopedic surgery of

² See Medical Board Rule 4731-11-13(A)(3)(c), OAC, which applies to physicians and physician assistants (as delegated by the treating physician).

³ See Medical Board FAQ #17 regarding "treating physician."

⁴ Section 4723.431, Ohio Revised Code (ORC).

⁵ Section 4723.481(B), ORC.

such severity that pain cannot be managed within the 30 MED average limits as determined based on prevailing standards of medical care⁶, including which conditions and circumstances require treating physician consultation, and which do not. The APRN prescriber must follow the SCA regarding the parameters set forth for prescribing and consultation.

- **The SCA does not require the treating physician to supervise the APRN and does not constitute a delegation of prescriptive authority to the APRN.**

Questions?

Please see www.nursing.ohio.gov or email practice@nursing.ohio.gov. As a reminder, guidelines for the treatment of **chronic** pain using opioids can be [accessed here](#).

⁶ See Medical Board FAQ #23.