

What red flags do you look for when trying to identify patients who should not be given narcotic prescriptions?

- Multiple physicians
- Inquiry to the Ok State Pharm database that shows multiple narcotics/addicting meds that were not reported or from multiple providers
- Multiple allergies for non-narcotic pain meds
- Multiple tattoos
- Ill define pain syndromes
- Extremely easy going patients who insist that they are in pain (non-congruence)
- Allergic to Toradol
- If they can tell you all of the pain meds that don't work, that is a bad sign.
- New patient wanting pain medication (number one thing to raise suspicions!).
- Does not know where medication has been filled in the past.
- Does not know the name of the doctor who has been filling medication (although has "been seeing him for a long time").
- Patient is flattering to staff/provider ("this is really a nice place here" or "you're the only doctor who listens to me"). Which lead in to.....
- Patient is very negative about previous physicians.
- Patient shows no interest in work up for pain.
- May have had a previous workup, but has no records or recollection where images/tests were done.
- Vague complaints of pain or what initially caused pain.
- Driving a long distance to see me. Especially with gas prices the way they are.
- Pharmacist is concerned with patient (I always take note of this).
- Site of pain changes with time.
- Was dismissed from previous clinic(s) for narcotic contract violation.
- Frequent calls to the clinic stating pain med "doesn't work", or other excuse for needing more or different prescription.
- "I tried my cousins medication and it worked really well", but a week or so later they call needing "something stronger".
- Patient is rude or short with the staff, but very pleasant and cooperative with provider.
- Patient may tell provider about "bad" staff behavior ("your front girl is so rude!").
- That "gut instinct" that something is not right with this story.
- Search of the OBNDD PMP shows that patient has been getting medications from multiple physicians and multiple pharmacies.
- Multiple visits to the ER
- Not willing to consider non-analgesic methods of managing pain
- Not willing to consider visits to a pain management specialist or a psychiatrist
- History of or present psychiatric illness
- Telling a physician at the first visit that he comes highly recommended