NSW PHARMACIST PRACTICE STANDARDS FOR MILD, ACUTE MUSCULOSKELETAL PAIN

A. APPROVED MEDICINES

Approved Medicines as listed in the NSW Health Authority (dated 30 January 2025) are:

Oral formulations of:

- Celecoxib
- Etoricoxib
- Indometacin
- Ketoprofen
- Meloxicam
- Naproxen immediate-release
- Naproxen modified-release
- Piroxicam
- Diclofenac

B. GENERAL REQUIREMENTS

Pharmacists must hold general registration under the *Health Practitioner Regulation National Law* and have successfully completed all training requirements detailed in the NSW Health Authority (dated 30 January 2025).

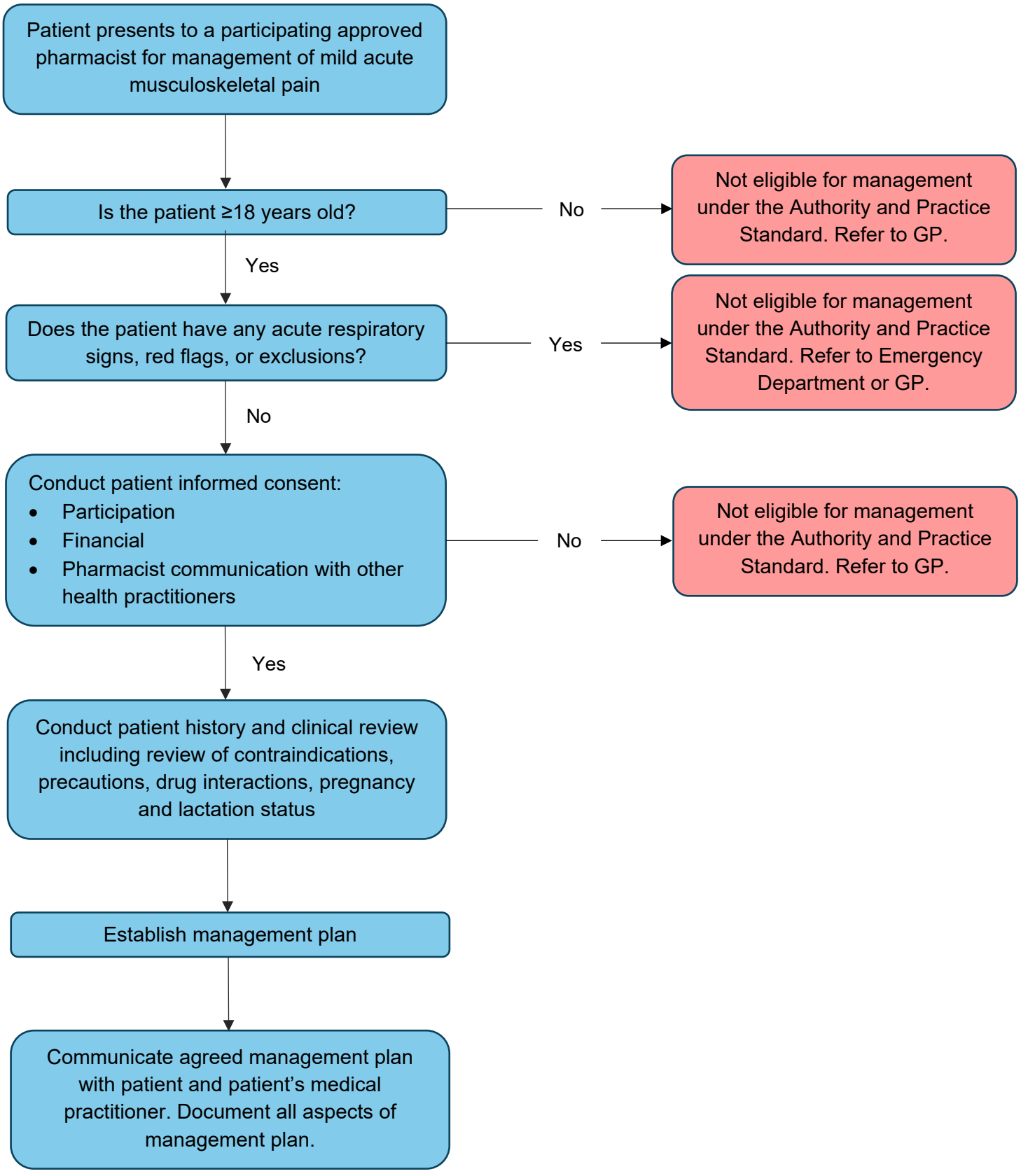
C. ADVERSE EVENTS

If the treating pharmacist becomes aware of an uncommon, unexpected or serious adverse event following treatment with an Approved Medicine, this should be reported to the Therapeutic Goods Administration. This should be conducted via the usual processes, by reporting online at https://aems.tga.gov.au/.

Additionally, you must notify the patient's usual general practitioner (if they have one).

D. PRACTICE STANDARD OVERVIEW

The following guideline should be used in consultations to assess the eligibility, identity and govern supply of suitable treatments, and guide associated referral requirements.



E. USE OF THIS PRACTICE STANDARD

This Practice Standard provides guidance and information for pharmacists delivering the Community Pharmacy Mild, Acute Musculoskeletal Pain Service. It is to be used together with the approved training modules and other resources provided by education providers.

Key Points

- The Community Pharmacy Mild, Acute Musculoskeletal Pain Service Practice Standard provides a framework for appropriately trained approved pharmacists to supply medications to eligible patients as part of the NSW Health Authority (dated 30 January 2025).
- To receive treatment for mild, acute musculoskeletal pain, the patient must fulfill the eligibility requirements of the Practice Standard. Patients who have requested the service but are not eligible should be referred to their regular medical practitioner or health service.
- Pharmacists must only supply formulations listed in the approved medications within this Practice Standard and Authority.
- Patients must be physically present in the pharmacy to be eligible for the service.
- Patients are required to have a consultation with an approved pharmacist before a medication can be supplied under the Authority.
- Pharmacists must make a full clinical record of the consultation and the details of all consultations and outcomes must be recorded using secure digital software. Records must be stored securely for minimum seven (7) years.
- Pharmacists must exercise professional discretion and judgement when applying the information contained within this Practice Standard, The Practice Standard does not override the responsibility of the pharmacist to make decisions appropriate to the circumstances of the individual, in consultation with the patient and/or their carer.

F. PATIENT CONSENT

Informed clinical and financial consent should be obtained from the patient prior to providing the service.

The pharmacist must seek the patient's consent to share a record of the consultation and any subsequent consultations (including adverse events) with the patient's usual treating medical practitioner or medical practice, where the patient has one. If the patient consents to the disclosure, the record must be shared within a week following the consultation

G. PATIENT ELIGIBILITY AND REFERRAL CRITERIA

- Patients must be aged 18 years and older to be eligible for the service.
- Patients who meet any of the referral criteria below are not eligible for this service and must be referred to their regular medical practitioner or health

service, or in instances of urgent care to the Emergency Department. Note that these are not exhaustive lists.

- Pharmacists must apply clinical judgement and refer any patient not considered appropriate for the service for any reason.
- Pharmacists must consult the Therapeutic Guidelines and other relevant references to confirm management is appropriate, including for:
    - Contraindications and precautions
    - Drug interactions
    - Pregnancy and lactation

'Red flag' warning signs that require immediate referral to a medical practitioner:

- Acute swelling, erythema and significant reduction in range of motion of a joint
- Headache and acute onset of visual or auditory disturbances
- Digital ischaemia or other signs of neurovascular compromise
- Suspected nerve damage or mononeuropathy e.g. loss of feeling, weakness, pain or burning and/or paraesthesia ('pins and needles')
- Neurological signs, including altered bladder or bowel function
- Other non-musculoskeletal systemic symptoms suggestive of serious pathology including fever, malaise, weight loss, nausea and vomiting
- Systemically unwell (e.g. fever, tachycardia, hypotension)
- Recent intravenous drug use
- Risk of minimal-trauma fracture e.g. osteoporosis, history of cancer
- Severe mechanism of injury
- New limb deformity
- New onset of skin rash
- Unilateral calf tenderness with no history of recent trauma
- Pitting oedema

Patients must be referred to a medical practitioner if they meet any of the following criteria:

- The patient has any 'red flag' warning sign (see box above)
- The patient is aged under 18 years
- The pain cannot be attributed to acute mechanical MSK pain e.g. chronic pain or inflammatory pain
- The patient has a history of chronic inflammatory MSK pain or complex underlying rheumatological conditions (including acute flares of these conditions)
- The patient presents with swelling, redness, tenderness and warmth around a joint or within a muscle or other alerting features that may indicate a serious pathology
- The patient presents with non-musculoskeletal systemic symptoms that may indicate underlying pathology, such as fever, malaise or weight loss
- The patient is at high risk of acute rheumatic fever
- The patient rates their pain as moderate to severe, or has significant functional limitations due to pain
- The patient is intoxicated due to drugs and/or alcohol
- The patient is unable to accurately rate their pain due to cognitive impairment or other special needs

- There is inadequate response to optimal treatment or pain/other symptoms worsen
- Pain management is inadequate
- The patient requests treatment with an opioid
- The patient is opioid-tolerant or recovering from an opioid use disorder
- The patient is intoxicated due to drugs and/or alcohol.

H. BACKGROUND

- Acute musculoskeletal (MSK) pain is generally mechanical, caused by damage to tissue or structural changes to joints, vertebrae and muscles/soft tissue, often as a result of trauma (jerking movements, vehicle accidents, falls, fractures, sprains, dislocations, and direct blows to the muscle), postural strain, overuse or prolonged immobilisation.
- While mechanical pain can lead to inflammation, it is different to inflammatory pain caused by an underlying chronic inflammatory disease such as arthritis, that results in chronic pain and is treated differently
- Acute mechanical MSK pain is a symptom complex, as opposed to a condition, which is expected to be self-limiting (lasting less than 3 months), with a return to usual function as the underlying injury resolves.
- Non-pharmacological therapies and lifestyle measures (where there is a proven benefit) and pharmacotherapy (paracetamol and non-steroidal anti-inflammatory drugs (NSAIDs)) should be considered in the overall management plan for mild, acute MSK pain.
- Opioids are not required for the management of mild MSK pain and cannot be prescribed under the Authority for this service.

I. PATIENT ASSESSMENT

A patient history, pain history and assessment and an examination that is tailored to the patient's presentation is required to inform the management approach, including appropriate referral. The prompts provided below are not exhaustive, pharmacists should maintain an open mind and be aware of cognitive bias.

PATIENT HISTORY

Sufficient information should be obtained from the patient to assess if the patient's presenting complaint is consistent with mild, acute MSK pain, determine whether the patient is eligible for the service or meets any referral criteria, and determine the safety and appropriateness of any recommendations and medicines that may be provided.

The patient history should include:

- Age
- Pregnancy and lactation status (if applicable)
- Presenting complaint
- Mechanism of injury (if applicable)
- Preceding events (if applicable) e.g. syncope, chest pain or dizziness

- Non-musculoskeletal symptoms that may indicate serious pathology, including weight loss or gain, fever, malaise, new rash, nausea, vomiting and sweating
- Alerting symptoms and features as per the Therapeutic Guidelines: Clinical assessment of musculoskeletal symptoms in adults and (if applicable) the Therapeutic Guidelines: Assessment of back and neck pain
- Medical history and underlying or co-existing medical conditions, including: rheumatological and autoimmune conditions (such as inflammatory arthritis and psoriasis), cancer, osteoporosis, immunosuppression, ischaemic heart disease, and renal disease
- Surgical history including any recent spinal, joint or dental procedures
- Family history of inflammatory pain, rheumatological and/or autoimmune conditions e.g. ankylosing spondylitis or inflammatory arthritis
- Risk factors for developing acute rheumatic fever as per the Therapeutic Guidelines: Acute rheumatic fever
- Response to any previous treatments
- Impacts on quality of life including sleep, ability to self-care, mobility, work, leisure, emotional health and relationships
- Current, recently commenced or recently ceased medication (including prescribed medicines, vitamins, herbs, other supplements and over-the-counter medicines)
- Weight, dietary patterns, levels of exercise/physical activity
- Allergies/adverse drug reactions
- Alcohol, tobacco and other drug history/status
- Other psychosocial factors.

For patients aged over 50 years, consider the increased risk of serious underlying pathologies such as malignancy and minimal-trauma fractures.

PAIN HISTORY AND ASSESSMENT

Pain history and assessment should be conducted in accordance with the Therapeutic Guidelines: Assessing a patient with pain and General principles of acute pain management.

Therapeutic Guidelines: General principles of acute pain management includes information to assist with determining pain severity. Pain severity is subjective and should be interpreted in the context of the patient's presentation as well as additional information gained through the pain history.

If the patient's self-reported pain severity is not consistent with other assessment findings e.g. physical function or examination findings, the patient should be referred to a medical practitioner for comprehensive assessment including socio-psycho-biomedical factors.

EXAMINATION

- Where appropriate, conduct an assessment of vital signs.
- The area of pain should be examined in accordance with the Therapeutic Guidelines: Clinical assessment of musculoskeletal symptoms in adults and (if applicable) Therapeutic Guidelines: Assessment of back and neck pain.
- Refer to NSW Health acute lower back pain assessment and musculoskeletal assessment for additional guidance on physical examination.
- To determine appropriate management or referral, it is important to identify the aetiology of the pain (nociceptive, neuropathic, nociplastic, or combination (mixed pain)) and to distinguish pain associated with inflammation from mechanical pain (Table 1). Refer to Therapeutic Guidelines: Understanding pain for information on the three main types of pain.
- MSK pain is predominantly nociceptive, with a superficial or deep origin and localisation of pain from the bone, joint or muscles (somatic).
- Acute pain is defined by duration of less than 3 months, usually with a nociceptive pain component arising from actual or threatened tissue damage.

Table 1. *Clinical features/characteristics of mechanical versus inflammatory pain*

Inflammatory pain	**Mechanical pain (musculoskeletal)**
• Improves with exercise/movement • Does not improve with rest • Lasts more than 3 months • Patient may experience morning stiffness (for greater than 30 minutes) • Pain waking patient during second half of the night with improvement on getting up.	• May worsen with movement/exercise • Often improves with rest • Most cases have acute onset lasting less than 3 months • Precipitating physical injury may be identifiable.

Investigations

Referral to a medical practitioner for management, including investigations, may be required for acute pain that does not respond to treatment, or if indicated by patient history and/or pain history e.g. patients presenting with traumatic injuries that may require radiological examination.

J. MANAGEMENT AND TREATMENT PLAN

Pharmacist management of mild, acute MSK pain involves:

- **Non-pharmacological and lifestyle measures:**
  - Advice regarding non-pharmacological pain management strategies for all patients in accordance with the Therapeutic Guidelines: Non-pharmacological management of acute pain

- **Pharmacotherapy:**
  - In accordance with the Therapeutic Guidelines: Pharmacological management of acute pain, the Therapeutic Guidelines: Principles of

NSAID use for musculoskeletal pain and the Therapeutic Guidelines: Principles of paracetamol use for musculoskeletal pain

Pharmacists should also provide advice on non-pharmacological and pharmacological management of mild, acute MSK pain at specific anatomical sites in accordance with the:

- Therapeutic Guidelines: Overview of limb conditions
- Therapeutic Guidelines: Nonspecific low back pain
- Therapeutic Guidelines: Nonspecific neck pain
- Therapeutic Guidelines: Nonspecific thoracic pain

NB1: NSAID selection should be based on patient factors, including contraindications, and balance the risks and benefits. Refer to Therapeutic Guidelines: Principles of NSAID use for musculoskeletal pain for guidance.

CONFIRM MANAGEMENT IS APPROPRIATE

Pharmacists must consult the Therapeutic Guidelines, Australian Medicines Handbook and other relevant references to confirm the management is appropriate, including for:

- Contraindications and precautions
- Drug interactions
- Pregnancy and lactation

COMMUNICATE AGREED MANAGEMENT PLAN

Comprehensive advice and counselling (including supporting written information when required) as per the Therapeutic Guidelines, Australian Medicines Handbook and other relevant references should be provided to the patient regarding:

- The possible diagnosis, management options and expectations for resolution
- Product and medication use including dosing and treatment regimens with paracetamol and NSAIDS and application instructions for topical NSAIDS
- How to manage adverse effects
- When to seek further care and/or treatment.

It is the pharmacist's responsibility to ensure the suitability and accuracy of any resources and information provided to patients (and parents/caregivers if applicable), and to ensure compliance with all copyright conditions.

The agreed management plan should be shared with members of the patient's multidisciplinary healthcare team, with the patient's consent.

GENERAL ADVICE

General advice to be provided to the patient regarding strategies to manage acute MSK pain include:

- Physical interventions that may provide adequate pain relief on their own e.g. hot and cold therapy

- Other appropriate interventions based on the reported injury e.g. ice, immobilisation and compression therapy
- Evidence for the use of complementary medicines and fish oil as per the Therapeutic Guidelines: Complementary medicines for the management of musculoskeletal pain
- Possible adverse effects and interactions of complementary medicines with conventional medicines.

The patient should be advised to see a medical practitioner if:

- The pain relief provided is not adequate; or
- Symptoms do not start to improve within 5 days, or
- Their pain or other symptoms worsen; or
- They experience new pain or symptoms.

CLINICAL REVIEW

Clinical review with the pharmacist is generally not required. If the condition does not improve or resolve, the patient should be advised to see a medical practitioner for further investigation.

K. CLINICAL DOCUMENATION AND COMMUNICATION

- The pharmacist must make an electronic clinical record of the patient consultation, and a record in a pharmacy dispensing system regarding the supply of any medications under this service, in accordance with the Authority.
- Where a patient has a My Health Record, the pharmacist must ensure the details of the supply are uploaded to My Health Record, unless requested otherwise by the patient.

L. RESOURCES

Pharmacist resources:

- Therapeutic Guidelines: Rheumatology
  - Assessment and initial management of musculoskeletal symptoms
  - Practical information on drugs used for musculoskeletal and rheumatological conditions
  - Back pain
  - Overview of limb conditions
  - Neck pain
- Therapeutic Guidelines: Pain and analgesia
  - Understanding pain
  - Assessing a patient with patient
  - General principles of acute pain management
  - Non-pharmacological management of acute pain
  - Pharmacological management of acute pain
- Australian Medicines Handbook

    - Drugs for pain relief
    - NSAIDs
- NSW Health resources:
    - Acute lower back pain assessment
    - Musculoskeletal assessment
    - Pain assessment
    - Orthopaedic and musculoskeletal resources for clinicians
- National Centre for Complementary and Integrative Health
    - Herbs at a glance
- Healthdirect resources for patients
    - Sprains and strains

M. ACKNOWLEDGEMENTS

NSW Health acknowledges and thanks Queensland Health for consent to use the *Queensland Community Pharmacy Scope of Practice Pilot Mild, Acute Musculoskeletal Pain - Clinical Practice Guideline* as the basis for this Practice Standard.

NSW Health emergency care assessment and treatment (ECAT) protocols developed by the ECAT Working Group, led by the Agency for Clinical Innovation, have been used to inform relevant aspects of this Practice Standard.

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Approved

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30 January 2025