Opioid Prescribing and CDC Guidelines

Sunday, April 22, 2018 · 11 am – 2:15 pm

In conjunction with MAFP Spring Conference

Jackson Marriott · Jackson, MS

COURSE OBJECTIVES:

Opioid Prescribing: Safe Practice, Changing Lives – 2 hours

- Establish realistic goals for pain management and restoration of function.
- Accurately assess patients with pain for consideration of an opioid trial.
- Initiate opioid treatment (IR and ER/LA) safely and judiciously, maximizing efficacy while minimizing risks.
- Monitor and re-evaluate treatment continuously; discontinue safely when appropriate.
- Counsel patients and caregivers about use, misuse, abuse, diversion, and overdose.
- Educate patients about safe storage and disposal of opioids.
- Demonstrate working knowledge and ability to access general and specific information about opioids, especially those used in your practice.

CDC Opioid Guidelines Review – 1 hour

- *Discuss the CDC Opioid Guidelines.*
- *Describe how the CDC Opioid Guidelines may affect Controlled Substance Prescribing.*

IMPORTANT NOTES:

The MS State Board of Medical Licensure requires that 5 of the 40 CME hours in a two-year cycle be related to the prescribing of medications with an emphasis on controlled substances.

The MAFP is sponsoring this session to help our members with this requirement.

*****The MAFP will offer this seminar during the Spring Conference, April 20-22. If you cannot attend the entire conference, you may pay the special rate of $150 for this one session (lunch included). If you attend the 3-day conference, this session is included in conference fee. See separate brochure for Spring Conference registration.**

MAFP 2018 Opioid Prescribing and CDC Guidelines

Registration Information

Name _____ Clinic _____

Street Address _____ City/State/Zip _____

Phone _____ Fax _____

E-mail _____ Cell _____

One Day Session: $150

Payment Method:

- ❑ Check – make payable to MAFP
- ❑ Amex
- ❑ Discover
- ❑ Master Card
- ❑ Visa

Amount $ _____

No refunds will be granted.

Cardholder's Name _____

Card # _____ Exp _____

Billing Street Address _____

Billing Zip Code _____ Auth. # _____
(3 digit # on back of card, 4 digit # on front Amex)

Signature _____

PLEASE RETURN WITH PAYMENT TO:

Mississippi Academy of Family Physicians

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