

Opioid Prescribing Guidelines for Chronic Pain Checklist

Before Initiation of Opioid Therapy

- Determine whether non-opioid options for pain management have been attempted and optimized.
- Conduct a thorough medical history, including obtaining a comprehensive list of current medications and conducting a thorough physical examination of the patient.
- Establish treatment goals regarding expected improvements in pain or function and obtain baseline data using standardized instruments, such as the Pain, Enjoyment, and General Activity scale (*see Appendix II*).
- Evaluate the patient for risks or harms of opioid therapy by reviewing PDMP data, conducting urine drug screenings, and discussing risk factors.
- Use increased caution and more frequent monitoring when beginning opioid therapy if the patient screens positive for risk factors (*see table on right*) or is part of an at-risk patient population (e.g., elderly, pediatrics, or pregnant women).
- Present the opioid treatment to the patient as a test that will be discontinued if the treatment does not help the patient reach the desired treatment goals.
- Acquire a signed patient-provider agreement that the patient fully understands and promises to abide by throughout treatment. This includes providing the patient with informed consent of the relevant risks associated with opioid therapy. The patient should understand that if conditions within the patient-provider agreement are broken, opioid therapy may be discontinued (*see Appendix I*).
- Schedule initial reassessment within two to four weeks of treatment initiation to determine whether opioids are an effective method of pain management for the patient. Explain to the patient that opioids will be discontinued if he/she is not improving in pain and function and that he/she can try other strategies.
- Prescribe immediate-release opioids at the lowest effective dosage instead of extended-release opioids. Match prescription dose duration to the date of the reassessment appointment.
- Always use patient-centered communication strategies (*see Module 6*) when discussing patient pain management strategies.

Evaluating Risk of Opioid Harm or Misuse

- **Adults younger than 45 years**
- **Personal history of any substance use disorder**
- **Family history of substance use disorders**
- **Criminal or legal history**
- **Psychiatric disorders**
- **Sexual abuse**
- **Concurrent benzodiazepine use**
- **Sleep disordered breathing**



Reassessing the Patient at Return Visit(s)

- Review medical history and PDMP data.
- Confirm clinically meaningful improvements in pain and function using an instrument like the Pain, Enjoyment, and General Activity Scale by comparing the current score to baseline or the most recent assessment screen scores.
- Evaluate the patient for risks or harms of opioid therapy by reviewing PDMP data, conducting urine drug screenings, conducting pill counts/reconciliations, and discussing risk factors (*see list of risk factors on page 1*).
- If there are signs of opioid use disorder, potential overdose risk, or over-sedation in the patient, refer him/her to specialty substance use disorder treatment or discontinue or taper the patient from opioids immediately (*see Module 5*).
- Continue to optimize non-opioid therapies throughout opioid treatment in order to maximize benefits of the therapy.
- Monitor the patient's opioid morphine milligram equivalent using the PDMP and medical history data throughout treatment.
- Schedule reassessment at regular intervals (\leq three months) if the patient will be continuing opioid therapy.



Sources

- 1) Dowell D, Haegerich T, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain. *JAMA*. 2016;315(15):1624-1645.
- 2) Pennsylvania Medical Society, PA Department of Health. Pennsylvania Guidelines on the Use of Opioids to Treat Chronic Noncancer Pain. 2014. <http://www.health.pa.gov/My%20Health/Diseases%20and%20Conditions/M-P/opioids/Documents/PAGuidelinesonOpioids.pdf>. Accessed May 8, 2017.
- 3) Checklist for Prescribing Opioids for Chronic Pain. https://www.cdc.gov/drugoverdose/pdf/pdo_checklist-a.pdf. Accessed May 8, 2017.
- 4) Pain, Enjoyment, General Activity Scale. <http://mytopcare.org/wp-content/uploads/2013/06/PEG-pain-screening-tool.pdf>. Accessed May 8, 2017.
- 5) National Institute on Drug Abuse. Sample Patient Agree Forms. <https://www.drugabuse.gov/sites/default/files/files/SamplePatientAgreementForms.pdf>. Accessed May 18, 2017
- 6) Washington State Agency Medical Directors Group. <http://www.agencymeddirectors.wa.gov/opioiddosing.asp>. Accessed May 18, 2017.
- 7) Elwyn G, Dehlendorf C, Epstein R, Marrin K, White J, Frosch D. Shared decision making and motivational interviewing: achieving patient-centered care across the spectrum of health care problems. *The Annals of Family Medicine*. 2014;12(3):270-275.