

Chronic Opioid Therapy Worksheet: A Companion to Chronic Pain Treatment

Use this worksheet to aid in documentation of treatment and management for your patients receiving chronic opioid therapy.

Provide your patients with resources that will help them to achieve successful pain management

- Distribute the companion piece to this clinician tool, *Chronic Opioid Therapy—Preparing for Your Appointments and Avoiding Problems*, from the American Pain Foundation (other resources for people with pain and their caregivers are available at www.PainFoundation.org)
- Printable patient education handouts are available at www.PainKnowledge.org

Initial Visit

The following questions should be answered and practices completed and discussed with patients (and their caregivers) when a trial of opioid therapy, as a component of chronic pain management, is being considered as a potential treatment.

Pain assessment

- Has adequate evaluation (work-up) been done to establish a pain diagnosis? If not, what needs to be done PRIOR to prescribing opioid treatment?
- Based on this diagnosis, have other non-opioid pain treatments been tried and determined to be insufficient to attain adequate pain relief and functional improvements for this particular patient?
- Have medical, behavioral, and social risks of opioid therapy been adequately assessed and a favorable benefit-to-risk ratio determined?
- What is the risk score (using a standard, validated tool, such as the Opioid Risk Tool [ORT] or the Screener and Opioid Assessment for Patients with Pain [SOAPP®])?^a
- Based on this level of risk (low, medium, high), can you manage this patient alone or with co-management from another healthcare professional? Or, is referral for management to a healthcare professional with expertise in addiction, mental health, or other relevant areas indicated?

Specific, measurable/monitorable goals of therapy (eg, restore function to perform a particular activity, reduce pain to a targeted level, improve sleep, other personal goal[s])

Informed Consent

- Potential adverse effects of opioids including but not limited to sleepiness, constipation, nausea, itching, hypogonadism, respiratory depression, inadequate pain relief, risk of addiction, drug interactions, and pregnancy-related concerns in at-risk women
- Definitions and descriptions of tolerance, physical dependence, and addiction
- Alternative pain treatments
- Discussion of driving and work safety

Opioid Treatment Agreement

Widely used, but not evidence based

- Schedule for office visits and prescription renewal policies
- Monitoring processes (eg, pill counts, random urine drug tests, etc)
- Safe use of opioid therapy (ie, use only as directed, storage and disposal of opioids)
- Prohibited behaviors as grounds for tapering or discontinuation of opioid therapy
- Obtaining opioids from one prescriber and filling prescriptions at one pharmacy
 - Medication guides should be provided or patients should be reminded to review medication guides upon receipt of prescriptions at the pharmacy
- Reasons and methods for discontinuation of opioid therapy (“Exit Strategy”)

Nonpharmacologic and multidisciplinary therapies that can or should be integrated into the overall pain treatment plan (eg, physical therapy and/or exercise, TENS, cognitive/behavioral therapy, acupuncture, pacing)

Pain documentation tools (eg, pain diary, the American Pain Foundation’s *Targeting Chronic Pain: Your Personal Notebook*) to use between this visit and next to record pain and treatment outcomes

^aThese and other helpful assessment tools are available in the American Pain Society/American Academy of Pain Medicine Clinical Guidelines for the Use of Chronic Opioid Therapy in Chronic Noncancer Pain, available at <http://download.journals.elsevierhealth.com/pdfs/journals/1526-5900/PIIS1526590008008316.pdf>. Additional copies of this worksheet are available for download at: www.PainKnowledge.org and www.PainFoundation.org.

