### Suggested opioid management assessment schedule

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| --- | --- | --- |
| **What you are assessing** | **How to assess** | **How frequently to assess** |
| Specific diagnosis for painCheck that the patient has a diagnosis for their pain that will benefit from opioid medication. | Based on history, physical examination, and testing (e.g., labs, imaging, as indicated) | First acute, subacute, and chronic pain visit and then at visits [according to risk level](#_Appendix_A:_Risk) |
| Progress in meeting functional goals  | Pain, Enjoyment, General activity scale ([PEG](https://depts.washington.edu/fammed/sixbuildingblocks/wp-content/uploads/sites/12/2018/02/Pain-Enjoyment-General-activity.pdf)), documented [patient-set goals](https://depts.washington.edu/fammed/sixbuildingblocks/wp-content/uploads/sites/12/2019/02/Care-Plan_2019-02-20.pdf) (e.g., walk to the park), reports by family (though not always reliable, can be useful), evidence of performing job or life role function | Every visit when opioids are prescribed |
| Potential benefits of non-opioid therapies | Diagnosis, history, patient’s perspective, evidence (See [integrative medicine table](https://depts.washington.edu/fammed/sixbuildingblocks/wp-content/uploads/sites/12/2018/08/Complementary-and-Alternative-Medicine-for-Chronic-Pain_2018-08-13_new.pdf) and ["Nonopioid Treatments for Chronic Pain”](https://depts.washington.edu/fammed/sixbuildingblocks/wp-content/uploads/sites/12/2018/10/nonopioid_treatments-a.pdf))  | First acute, subacute, and chronic pain opioid prescription visit and then at visits [according to risk level](#_Appendix:_Risk_Stratification) |
| Benefits and risks of continued opioid therapy | Based on history, [PEG](https://depts.washington.edu/fammed/sixbuildingblocks/wp-content/uploads/sites/12/2018/02/Pain-Enjoyment-General-activity.pdf), [MED](https://www.cdc.gov/drugoverdose/prescribing/app.html), [COMM](https://depts.washington.edu/fammed/sixbuildingblocks/wp-content/uploads/sites/12/2018/02/Current-Opioid-Misuse-Measure.pdf), [STOPBang](http://www.stopbang.ca/osa/screening.php), [PDMP](#_Dose_of_opioids), [UDT](https://depts.washington.edu/fammed/sixbuildingblocks/wp-content/uploads/sites/12/2018/10/CDC-DUIP-UrineDrugTesting_FactSheet-508.pdf)  | A visit within 1 to 4 weeks of:* First chronic pain opioid prescription
* Increasing the dose of a chronic pain opioid prescription
 |
| Potential for substance/opioid misuse, abuse, or disorder | Potential tools to use: [ORT](https://depts.washington.edu/fammed/sixbuildingblocks/wp-content/uploads/sites/12/2018/02/Opioid_Risk_Tool.pdf), [SOAPP](https://www.oregonpainguidance.org/app/content/uploads/2016/05/SOAPP-R.pdf), [COMM](https://depts.washington.edu/fammed/sixbuildingblocks/wp-content/uploads/sites/12/2018/02/Current-Opioid-Misuse-Measure.pdf), [DAST](https://www.hca.wa.gov/assets/billers-and-providers/sbirt-screening-dast-en.docx), [TAPS](https://cde.drugabuse.gov/instrument/29b23e2e-e266-f095-e050-bb89ad43472f), [DSM-5](https://www.cdc.gov/drugoverdose/training/oud/accessible/index.html) | First subacute or chronic pain visit |
| Current substances used, including [sedatives](https://depts.washington.edu/fammed/sixbuildingblocks/wp-content/uploads/sites/12/2018/02/List-of-sedatives-names.pdf) (e.g., benzodiazepines, carisoprodol) | [UDT](https://depts.washington.edu/fammed/sixbuildingblocks/wp-content/uploads/sites/12/2018/10/CDC-DUIP-UrineDrugTesting_FactSheet-508.pdf)([Interpreting results](https://depts.washington.edu/fammed/improvingopioidcare/wp-content/uploads/sites/12/2018/02/Interpreting-UDT-results-information-sheet.pdf)) | First subacute or chronic pain visit and then visits [according to risk level](#_Appendix:_Risk_Stratification) |
| Current medications filled, including [sedatives](https://depts.washington.edu/fammed/sixbuildingblocks/wp-content/uploads/sites/12/2018/02/List-of-sedatives-names.pdf) (e.g., benzodiazepines, carisoprodol) | [PDMP](#_Medications_taken/dose) | First opioid prescription, at each transition to a new pain category (acute, subacute, chronic), and then at visits [according to risk level](#_Appendix:_Risk_Stratification) |
| Informed consent | Review the [patient agreement](https://depts.washington.edu/fammed/improvingopioidcare/wp-content/uploads/sites/12/2018/10/Model-patient-agreement_2018-10-02.docx)  and have the patient sign it | Start of long-term opioid therapy; annually |
| Morphine equivalent dosing | MED [calculator](https://www.cdc.gov/drugoverdose/prescribing/app.html) | First opioid prescription and every change in opioid prescription |
| Anxiety, depression | [PHQ](http://depts.washington.edu/fammed/improvingopioidcare/wp-content/uploads/sites/12/2018/02/Patient-Health-Questionnaire.pdf), [GAD-7](http://depts.washington.edu/fammed/improvingopioidcare/wp-content/uploads/sites/12/2018/02/GAD-7.pdf) | [According to risk level](#_Appendix:_Risk_Stratification) |
| PTSD | [PC-PTSD](https://depts.washington.edu/fammed/sixbuildingblocks/wp-content/uploads/sites/12/2018/02/PC-PTSD.pdf) | If elevated PHQ or GAD despite active treatment |
| Sleep apnea | [STOPBang](http://www.stopbang.ca/osa/screening.php) | When co-occurring risks: MED ≥ 50, Concurrent use of benzodiazepines , COPD, restrictive lung disease, including kyphosis or thoracic scoliosis, BMI > 28, snoring, fatigue, witnessed irregular breathing |
| Fibromyalgia | [Patient self-report tool](https://depts.washington.edu/fammed/improvingopioidcare/wp-content/uploads/sites/12/2018/02/Fibromyalgia-tool-and-article.pdf) | As appropriate if pain is widespread and co-occurring symptoms such as fatigue, poor sleep, depression, abdominal and/or urogenital pain during diagnosis |