PRIMARY CARE GUIDELINES FLOWCHART

FOR THE EVALUATION AND TREATMENT OF CHRONIC NON-CANCER PAIN

BEGIN

ASSESSMENT

- Review medical history, including records from previous providers before prescribing.
- Do a physical exam to determine baseline function and pain.
- What prior attempts were made to treat this pain with non-opioid modalities?
- Is the diagnosis appropriate for opioid treatment?
- Psychosocial and risk assessment: risk of medication abuse (e.g. ORT, SOAPP, etc.), psychiatric co-morbidity (e.g. PHQ 2,9, etc.).
- Sleep risk assessment (e.g. S T O P B A N G or equivalent).
- It is seldom appropriate to prescribe chronic opioids on the first visit.
- There is no evidence of benefit in migraines or fibromyalgia.

Drug Safety Rx Placer & Nevada

A Program of the Placer Nevada County Medical Society

GREEN LIGHT

NON-OPIOID OPTIONS

- Create a plan of treatment with the patient that seeks to incorporate non-opioid interventions.
- Patient lifestyle improvement: exercise, weight loss.
- Behavioral therapies: CBT, peer-to-peer or other peer support, mindfulness training, psychotherapy, and case management.
- Physiotherapy modalities: OT, PT, passive modalities, walking.
- Medical interventions: pharmacological, procedural, surgical.

AT EVERY VISIT

ESTABLISHED PATIENTS

- Use these guidelines.
- Reassess your patient and work your way through the flowchart each visit.
- Continue to prescribe, or consider slow taper if risk is greater than benefit.

CAUTION

OPIOID TREATMENT

CONSIDER:

- Perform drug screen prior to prescribing.
- Check for evidence of possible misuse (CURES).
- Review informed consent and treatment agreement.
- Agree on and document treatment goals.
- Assess for changes in function and pain.
- Evaluate progress on treatment goals.
- Assess for aberrant behaviors.
- Assess for adverse side effects.
- Co-Prescribe Naloxone.

If no improvement or progress on goals, or if aberrant behavior or adverse side effects are observed, stop and reassess!

STOP!

STOP! REASSESS.

- For chronic use: perform drug screening as indicated.
- More than 90 days of use leads to lifetime use in two-thirds of patients.
- If you have concerns, seek help from specialists, medical director, or review committee.

CAUTION: Re-evaluate your treatment plan/seek help if the patient is at high risk. Mortality risk increases with:

- More than 100 mg morphine equivalents a day.
- Opioids with benzodiazepines.
- More than 40 mg of methadone a day.
- Signs of significant misuse or illicit drug use.

learn more about the coalition at:
pncms.org/RXDrugSafety

Adapted with permission from Oregon Pain Guidance