Opioid Initiation Note For Chronic Pain

*(\_\_=required response)*

Based on VA/DoD Clinical Practice Guideline for the Management of Opioid Therapy for Chronic Pain

[*http://www.healthquality.va.gov/Chronic\_Opioid\_Therapy\_COT.asp*](http://www.healthquality.va.gov/Chronic_Opioid_Therapy_COT.asp)

1. **Diagnoses responsible for chronic pain**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagnosis confirmed by (check all that apply)

* physical examination consistent with diagnosis (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* positive imaging studies (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* other diagnostic studies (EMG, positive nerve block, epidural injection, etc.) \_\_\_\_\_\_\_\_\_
1. **Justification for opioid trial**
* This patient continues to have moderate to severe chronic pain and/or unsatisfactory functional outcomes in response to non-opioid pain management strategies.

Trials of the following strategies have been completed (describe):

* Medications
	+ Nonsteroidal antiinflammatory drugs: \_\_\_\_\_\_\_\_\_\_
	+ Adjunctive analgesics (gabapentin, duloxetine, pregabalin, etc.): \_\_\_\_\_\_\_\_\_\_
	+ Muscle relaxants: \_\_\_\_\_
	+ Topical agents (lidocaine, capsaicin, etc.): \_\_\_\_\_
	+ Other medication: \_\_\_\_\_
* Definitive surgical intervention \_\_\_\_\_\_\_\_\_\_\_\_\_
* Physical therapies (heat, cold, exercises, TENS, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_
* Interventions (epidural injection, facet block, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_
* Chiropractic
* Acupuncture
* Biobehavioral (relaxation) or cognitive behavioral therapies

**3. Are any of the following contraindications in evidence?**

*Opioid therapy trial should NOT be initiated if any of the following absolute contraindications are evident:*

* Severe respiratory instability
* Acute psychiatric instability or uncontrolled suicide risk
* Diagnosed substance use disorder not in remission or under treatment
* True allergy to opioids
* Prior trials of specific opioids discontinued due to serious adverse effects.
* Potentially lethal drug-drug interaction
* (methadone only) QTc interval > 500 milliseconds
* Active diversion of controlled substances

*Opioid therapy trial may be considered with caution, if any of the following relative contraindications are evident. This list is NOT inclusive, and it is the provider's responsibility to assess other reasonable risk factors:*

*Psychosocial factors*

* Unstable psychiatric disorder or suicide risk
* Significant personality disorder
* Social instability or other factor that may interfere with opioid adherence
* Suspected cognitive impairment that might interfere with safe use of medications
* Unwillingness to adjust at-risk activities resulting in serious re-injury

*Drug and medication use history*

* History of medication mis-management or nonadherence
* Evidence of recent illicit substance use, e.g., positive urine screen
* Substance abuse/dependence history or current substance use disorder under treatment
* No benefit from well-crafted prior opioid trials for the same clinical problem

*Pertinent medical history*

* Unresolved headache not responsive to other modalities
* Untreated sleep apnea (suspected or verified)
* Chronic pulmonary disease
* Cardiac condition (QTc interval 450-500 milliseconds) that makes methadone a risk
* Intestinal motility disorder (constipation, IBS, hx bowel obstruction, paralytic ileus)
* Respiratory depression in unmonitored setting
* Hepatic or renal insufficiency
* History of falls or gait instability
* No opioid contraindications are evident

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Check A, B, or C:

* A. None of the above opioid contraindications apply. I assess functional benefits to outweigh specific risks of an opioid therapy trial for this patient.I have educated the patient regarding risks and expectations of opioid therapy, and the patient has signed an opioid treatment agreement after thorough discussion. The patient understands that a trial of opioid therapy will only be continued if there is evidence of functional benefit and no adverse effects.

Comments (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* B. One or more of the above contraindications apply. I have consulted with relevant clinical specialists (pharmacy, substance abuse, behavioral health, etc.) regarding these risks. I assess functional benefits to outweigh risks of an opioid therapy trial for this patient, justified as follows: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have educated the patient regarding risks and expectations of opioid therapy, and the patient has signed an opioid treatment agreement after thorough discussion. The patient understands that a trial of opioid therapy will only be continued if there is evidence of functional benefit and no adverse effects.

* C. Patient is transferring a stable opioid regimen from an outside medical provider, whose assessment, justification for opioid therapy and treatment plan I have reviewed. Contingent on my further assessing opioid indications and risk factors specific to this patient, I am continuing a trial of opioid therapy. I have educated the patient regarding risks and expectations of opioid therapy, and the patient has signed an opioid treatment agreement after thorough discussion. The patient understands that a trial of opioid therapy will only be continued if there is evidence of functional benefit and no adverse effects.

Comments (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. A baseline urine drug screen is strongly encouraged prior to initiation of opioid therapy.**

Recent urine drug screen results: (pull in from labs)

(Link to CPRS order set for urine tox screens—amphetamine, cocaine, opiates, cannabis, benzodiazepines)

**6. Treatment plan (Required)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Patient-specific functional goal(s) by which effectiveness of opioid trial will be assessed:** \_\_\_\_\_\_\_\_\_\_