CLINICAL GUIDELINES FLOWCHART

for Evaluation and Treatment of Chronic Non-Cancer Pain

REVIEW MEDICAL & MEDICATION HISTORY

- ⇒ Review medical history, including records from previous providers before prescribing. Check <u>CURES</u> and UTox.
- ⇒ 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? There is no evidence of benefit in chronic lower back pain, migraines, fibromyalgia, or neuropathy.
- ⇒ Prescribing chronic opioids is rarely appropriate on the first visit. Bridge with a few days' supply while documenting.
- Do a psychosocial and risk assessment for medication abuse, e.g. Opioid Risk Tool (ORT) and Screener & Opioid Assessment for Patients with Pain (SOAPP). Screen for psychiatric co-morbidity.
- Do a physical assessment for safety of opioid use, e.g., bone density, EKG, sleep study, testosterone level, and STOP BANG for sleep apnea.

INCORPORATE NON-OPIOID INTERVENTIONS

Create a plan of treatment with the patient that incorporates non-opioid interventions, such as:

- ⇒ Patient lifestyle improvement: Exercise, weight loss
- ⇒ Behavioral therapies: Cognitive Behavioral Therapy (CBT), peer-to-peer or other peer support, mindfulness training, psychotherapy, case management
- ⇒ Physiotherapy modalities: OT, PT, passive modalities
- ⇒ Medical interventions: Pharmacological, procedural, surgical
- ⇒ Treatment modalities: Acupuncture, massage

IF YOU DECIDE ON OPIOID TREATMENT: START LOW & GO SLOW

- ⇒ Counsel patients on potential risks. Agree on and document treatment goals. Patient signs informed consent and treatment agreement.
- ⇒ Check for evidence of possible misuse (CURES) and baseline urine screen.
- ⇒ Track medical and age-related conditions that increase risks of opioids.

REASSESS EVERY 6 MONTHS

- Evaluate progress toward treatment goals. If no improvement or progress on goals, stop and reassess. Use tools to assess for changes in function and pain: ORT, Tampa_Scale_for Kinesiophobia, or Current Opioid Misuse Measure (COMM) 1 to 2 x per year.
- ⇒ Assess for worrisome behaviors and side effects every six months.

STOP!

- Seek help from community partners, specialists, medical director, or review committee if you have:
 - Concerns from your visit assessment, or
 - Notice signs of significant misuse or illicit drug use.
- Re-evaluate your treatment plan/seek help if the patient is at high risk of death. For example if prescribing:
 - More than 120 mg MED/day without functional improvement, or
 - Opioids with benzodiazepines, or
 - More than 40 mg of methadone/day.
- ⇒ Drug screen: Quarterly (standard) or more often (higher risk).

LIGHT

GREEN

START





REASESS



STOP!