



Suggested opioid management assessment schedule

| What you are assessing | How to assess | How frequently to assess |
|---|---|--|
| Specific diagnosis for pain Check 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 |
| Progress in meeting functional goals | Pain, Enjoyment, General activity scale (PEG), documented patient-set goals (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 and "Nonopioid Treatments for Chronic Pain") | First acute, subacute, and chronic pain opioid prescription visit and then at visits according to risk level |
| Benefits and risks of continued opioid therapy | Based on history, PEG , MED , COMM , STOPBang , PDMP , UDT | A visit within 1 to 4 weeks of: <ul style="list-style-type: none"> • 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 , SOAPP , COMM , DAST , TAPS , DSM-5 | First subacute or chronic pain visit |
| Current substances used, including sedatives (e.g., benzodiazepines, carisoprodol) | UDT <i>(Interpreting results)</i> | First subacute or chronic pain visit and then visits according to risk level |
| Current medications filled, including sedatives (e.g., benzodiazepines, carisoprodol) | PDMP | First opioid prescription, at each transition to a new pain category (acute, subacute, chronic), and then at visits according to risk level |
| Informed consent | Review the patient agreement and have the patient sign it | Start of long-term opioid therapy; annually |
| Morphine equivalent dosing | MED calculator | First opioid prescription and every change in opioid prescription |
| Anxiety, depression | PHQ , GAD-7 | According to risk level |
| PTSD | PC-PTSD | If elevated PHQ or GAD despite active treatment |
| Sleep apnea | STOPBang | When co-occurring risks: $MED \geq 50$, 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 | As appropriate if pain is widespread and co-occurring symptoms such as fatigue, poor sleep, depression, abdominal and/or urogenital pain during diagnosis |

