CHRONIC PAIN TREATMENT CHECKLIST

This checklist may be useful as a means to ensure compliance with these guidelines.

☐ Hx and Px with assessment of baseline function and pain.
☐ Review all relevant prior records.
☐ Has there been a prior unsuccessful attempt to treat with non-opioid modalities?
☐ Is the diagnosis appropriate for opioid treatment?
☐ Psychosocial and risk assessment: risk of medication abuse (ORT), psychiatric co-morbidity PHQ-4 or other validated tools, evidence of existing abuse (PDMP).
☐ Are there co-prescribed drug interaction risks? Benzodiazepines are generally contraindicated.
☐ Sleep risk assessment (STOP BANG or equivalent).
☐ UDS: Any unexpected results?
☐ Have you checked the PDMP for prescriptions of which you were unaware?
☐ Create a treatment plan that emphasizes patient self-management.
☐ Are there appropriate referrals?
☐ Have you explored all reasonable non-opioid treatment options: medical, behavioral, physiotherapy, and lifestyle changes?
☐ Have you considered partnering with a substance abuse treatment program?
☐ Check women of child-bearing age for pregnancy.

If prescribing opioids, proceed with caution:

☐ Obtain a signed Material Risk Notice.
☐ Establish treatment goals with periodic review of goals over time.
☐ Monitor compliance (UDSs, pill counts, PDMP, call-backs).
☐ Monitor improvement in pain and function, including overall well-being.
☐ Obtain consultation as needed: mental health, substance abuse, pain management, specialty care, pregnant women.
☐ Have you considered partnering with a behavioral health specialist (CBT counselor, peer-to-peer coordinator, Living Well with Chronic Disease facilitator, substance abuse counselor)?