Acute Pain Flow Sheet

FOR THE EVALUATION AND TREATMENT OF ACUTE PAIN

Begin — ASSESSMENT

- Patient presents after an acute injury (trauma, surgical procedure).
- Evaluate the clinical situation and determine your expected recovery time based on clinical evaluation, literature, your experience, and the patient's general condition.
- Educate the patient regarding expectations for healing and duration and intensity of pain. Some pain is to be expected, and it will diminish over time.

Green Light — NON-OPIOID OPTIONS

- Advise appropriate behavioral modifications, for example, initial rest followed by graded exercise of the affected body area.
- Provide external pain-reducing modalities, for example, immobilization, heat/cold, and elevation.
- Advise appropriate OTC medications with specific medications, doses, and duration, as you would any pharmacologic modality.

Caution — OPIOID TREATMENT

- If considering opioids, first ask about risks for opioid misuse, for example, previous addiction history, overdose history, and suicidality.
- If opioids are contraindicated, clearly state to the patient and document in the chart note that the risks of treatment overshadow the benefits. Stress other modalities of pain modification.
- When prescribing opioids, use the lowest possible dose for the shortest amount of time. Most acute painful situations will resolve themselves in three to seven days. In most cases, three days of opioids will be sufficient.

Stop! — STOP AND REASSESS

- If the patient asks for additional opioids, and you have prescribed the amount that in your professional judgment should have sufficed, have the patient return for an evaluation. At that follow up visit, you or your staff should:
  - Be sure there is no unforeseen complication requiring further testing or treatment.
  - Be sure there is no evidence of substance use complicating treatment. A PDMP query is advised and a UDS might be indicated at this time.
  - Only prescribe additional opioids if you feel it is clinically appropriate. Otherwise, continue to reinforce non-opioid modalities of pain control.

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Chronic Pain Flow Sheet

FOR THE EVALUATION AND TREATMENT OF CHRONIC NON-CANCER PAIN

Begin

ASSESSMENT

- Evaluate the original tissue injury and determine nociceptive, neuropathic, or central characteristics of the pain perception.
- Assess the risk of prescribing opioids to a patient through assessment tools: ACE, pain catastrophizing scale, PHQ-15, STOP-BANG, functional (e.g. Oswestry) or abuse (e.g. ORT) assessments, and trauma/PTSD screening.
- Obtain and review prior records, or for an established patient, re-familiarize yourself with your patient's past history and evaluations.
- A UDS and query of the PDMP prior to assuming prescribing and periodically thereafter, but no less than yearly.

Green Light

NON-OPIOID OPTIONS

- Exercise, restorative sleep, and behavioral supports should be a major component to any pain-management program.
- A team approach to care is essential to achieve functional improvement and improved quality of life.

Caution

OPIOID TREATMENT

- Rarely prescribe opioids on the first visit.
- Discuss the risks vs. benefit of opioids and get a signed material risk notice.
- Create a care plan that includes functional goals.
- Discuss and plan for dose reduction (see tapering section in the OPG guidelines).
- Co-prescribe naloxone rescue kit to a loved one or family member.

Ongoing

ONGOING MONITORING

- Monitor all patients on chronic opioids.
- Every visit:
  - Evaluate progress toward functional goals. Strongly consider weaning in the absence of functional improvement on opioids.
  - Screen for appropriate medication use.
- Periodic assessment (no less than annually):
  - Urine drug screening
  - Pill counts
  - Callbacks
  - PDMP query

Stop!

STOP AND REASSESS

- Benzodiazepines should not be taken at the same time as opioids.
- Methadone should be used rarely, and if so, in low doses (< 30 mg/d).
- Respiratory disease (COPD, sleep apnea, etc.) narrows the window of safety with opioids.
- Evidence of substance abuse, past or present.
- Illegal activities regarding medication or illicit drugs.
- Lack of functional improvement.

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