It is seldom appropriate to prescribe chronic opioids on the first visit. Clinic staff should set expectations when scheduling the appointment.

Review medical history; obtain records from previous providers; perform a MAPS query; have patient complete an assessment like the ORT; provider can consider completing the DIRE screen.

Perform a physical exam to determine baseline function and pain.

What prior attempts were made to treat this pain with non-opioid modalities? What worked/what did not work?

Is opioid treatment appropriate for this clinical condition?

- Sources of strength for the patient (social supports; housing; meaningful work; nurturing home environment, etc.)
- Psychosocial stressors for the patient (prior physical/psychosocial trauma; social isolation; precarious housing; lack of/ inability to work; stressful home environment, etc.)
- Psychosocial and addictive risk assessment: consider risk of medication abuse and psychiatric co-morbidity.
- Respiratory depression during sleep risk assessment (e.g. STOP BANG /Sleep Apnea evaluation).

Create a plan of treatment with the patient that incorporates non-opioid and non-pharmacological interventions.

- Patient lifestyle improvement: exercise, weight loss, diet, meditation, sleep hygiene.
- Perform a physical exam to determine baseline function and pain.
- Behavioral therapies: CBT, peer-to-peer or other peer support, psychotherapy, and case management.
- Physiotherapy modalities: OT, PT, TENS, passive modalities.
- Medical interventions: pharmacological, procedural, surgical.

Evaluate potential benefits as well as potential risks with the patient (risk of addiction/dependence; risk of respiratory depression/overdose; decreased libido and sexual dysfunction; cognitive impairment; limited evidence of benefit of long term therapy, etc.)

Perform urine drug screen (UDS) prior to prescribing.

Check for evidence of possible misuse (MAPS).

AT EVERY VISIT!

- Assess for changes in function and pain.
- Evaluate progress on treatment goals.
- Assess for aberrant behaviors as agreed to in the Pain Agreement (have patient complete the COMM; provider can consider completing the ABC screen; perform random UDS, check MAPS at every visit to see if the patient is seeking pain medications from multiple providers).
- Assess for adverse side effects (constipation, interactions with other medications, sleep disturbance, drowsiness, emotional lability).

PROCEED WITH CAUTION! Re-evaluate your treatment plan/seek help from specialists if you are:

- prescribing more than 100 mg MED/day without obvious functional improvement.
- prescribing opioids with benzodiazepines.
- prescribing more than 40 mg of methadone/day.
- or if your patient shows signs of significant misuse or illicit drug use.

If no improvement or if aberrant behavior or adverse side effects are observed, seek consultation with a specialists.
General Recommendations for Treating Chronic Pain

References

