

# Opioid Prescribing Documentation Checklist

For **Osteopathic Physicians** and **Physician Assistants** in Washington State



## Chronic Pain

### PRIOR TO WRITING AN OPIOID PRESCRIPTION

#### **Document:**

- Appropriate history, including:**
  - a) Nature and intensity of the pain
  - b) Effect of pain on physical and psychosocial function
  - c) Current/past treatments for pain and their efficacy
  - d) Review of significant comorbidities
  - e) Current/historical substance use disorder
  - f) Current pain medications and their efficacy
  - g) Medication allergies
- Appropriate evaluation, including:**
  - a) Physical examination
  - b) Risk-benefit analysis of chronic pain treatment
  - c) Medications the patient is taking, including: date, type, dosage and quantity prescribed
  - d) Query of the Washington state prescription monitoring program
  - e) Available diagnostic, therapeutic and laboratory results
  - f) Risk assessment tool with assignment tool with assignment of high, moderate or low risk\*
- Secure storage and disposal of opioids, as well as patient notification of the following:**
  - a) Risks associated with the use of opioids, including risk of dependence and overdose
  - b) Pain management alternatives
  - c) Safe and secure storage of opioid prescriptions
  - d) Proper disposal of unused opioid medications
  - e) Right to refuse an opioid prescription or order
- Available consultations related to patient's pain**
- Presence of one or more diagnoses or indications for the use of opioid pain medication**
- Treatment plan and objectives:**
  - 1.) Document medications prescribed
  - 2.) Biological specimen tests
  - 3.) Labs or imaging ordered
- Written agreements or "pain contract"**
- Counseling regarding risk, benefits and alternatives to chronic opioid therapy**

### TREATMENT PLAN

#### **Must document:**

- Acknowledgment of progression from subacute phase (6-12 weeks) to chronic phase (> 12 weeks)**
- Chronic pain treatment plan with objectives:**
  - a) Any change in pain relief (e.g. PEG scale)
  - b) Any change in physical and psychosocial function (e.g. PEG scale)
  - c) Additional diagnostic evaluations or other planned treatments
- Counseling and offer of prescription for naloxone to patients being prescribed opioids**

## PERIODIC REVIEW

### Must document:

- Periodic review of course of treatment for chronic pain.**
  - a) For a high-risk patient, at least quarterly\*
  - b) For a moderate-risk patient, at least semiannually
  - c) For a low-risk patient, at least annually
  - d) Immediately upon indication of concerning aberrant behavior
  - e) More frequently at the practitioner's discretion
- During periodic review, determination of the following:**
  - a) The patient's compliance with any medication treatment plan
  - b) If pain, function, or quality of life have objectively improved, diminished, or are maintained
  - c) If continuation or modification of medications for pain management is necessary
- Periodic or subsequent patient evaluations must also include:**
  - a) History and physical exam related to the pain
  - b) Use of validated tools to document either maintenance of function and pain control or improvement in function and pain level (e.g. PEG scale)
  - c) Query of the Washington state Prescription Monitoring Program
- Assess the appropriateness of continued use of the current treatment plan if the patient's progress or compliance with current treatment plan is unsatisfactory.** The practitioner shall consider tapering, changing, or discontinuing treatment.

## CONSULTATION

- Consider consultation for chronic pain patients who:**
  - a) Are less than 18 years of age
  - b) Are potential high-risk patients (i.e. history of substance abuse or psychiatric disorder)\*
- Mandatory consultation for chronic pain patients who receive > 120mg morphine equivalent dose daily**
- Must document each consultation**
- If provided by pain specialist, maintain written record of consultation in patient chart**

### Validated Risk Assessment Tools for Patients Considered for Long-term Opioid Therapy

| Instrument  | Description   | Administered by |
|---|---|-----------------|
| <b>ORT: Opioid Risk Tool</b>  | A 5-item questionnaire designed to predict the risk of problematic drug-related behaviors   | Patient         |
| <b>SOAPP: Screener and Opioid Assessment for Patients with Pain</b>             | A 14-item instrument designed to predict the risk of problematic drug-related behaviors   | Patient         |
| <b>SOAPP-R: Screener and Opioid Assessment for Patients with Pain - Revised</b> | A 24-item instrument designed to predict the risk of problematic drug-related behaviors   | Patient         |
| <b>SISAP: Screening instrument for Substance Abuse Potential</b>                | A 5-item questionnaire designed to predict the risk of problematic drug-related behaviors   | Patient         |
| <b>DIRE: Diagnosis, Intractability, Risk and Efficacy Score</b>                 | An instrument designed for use by primary care physicians to predict the efficacy of analgesia and adherence with long-term opioid therapy. | Clinician       |

\*"High-risk" means a category of patient at increased risk of morbidity or mortality, such as from comorbidities, polypharmacy, history of substance use disorder or abuse, aberrant behavior, high dose opioid prescription, or the use of any central nervous system depressant.