PRIMARY CARE GUIDELINES FLOWCHART

FOR THE EVALUATION AND TREATMENT OF CHRONIC NON-CANCER PAIN

ASSESSMENT

- > Review medical history, including records from previous providers before prescribing.
-) Do a physical exam to determine baseline function and pain.
- > What prior attempts were made to treat this pain with non-opioid modalities?
- Is the diagnosis appropriate for opioid treatment?
- Psychosocial and risk assessment: risk of medication abuse (e.g. ORT, SOAPP, etc.), psychiatric co-morbidity (e.g. PHQ 2,9, etc.).
- > Sleep risk assessment (e.g. <u>STOP</u> <u>BANG</u> or equivalent).
- It is seldom appropriate to prescribe chronic opioids on the first visit.
- > There is no evidence of benefit in chronic LBP, migraines, or fibromyalgia.

NON-OPIOID OPTIONS

- Create a plan of treatment with the patient that incorporates non-opioid interventions.
- > Patient lifestyle improvement: exercise, weight loss.
- Behavioral therapies: CBT, peer-to-peer or other peer support, mindfulness training, psychotherapy, and case management.
- > Physiotherapy modalities: OT, PT, passive modalities, walking.
- Medical interventions: pharmacological, procedural, surgical.

ESTABLISHED PATIENTS

-) Use these guidelines.
- Reassess your patient and work your way through the flowchart each visit.
- Continue to prescribe, or consider slow taper if risk is greater than benefit.

OPIOID TREATMENT

PROCEED WITH CAUTION!

- Perform drug screen prior to prescribing.
- Check for evidence of possible misuse (CURES).
- Review informed consent and treatment agreement.
- Agree on and document treatment goals.

AT EVERY VISIT!

- Assess for changes in function and pain.
- > Evaluate progress on treatment goals.
- › Assess for aberrant behaviors.
- › Assess for adverse side effects.

If no improvement or progress on goals, or if aberrant behavior or adverse side effects are observed, stop and reassess!

STOP! REASSESS.

- More than 90 days of use leads to lifetime use in two-thirds of patients.
- If you have concerns, seek help from specialists, medical director, or review committee.

CAUTION: Re-evaluate your treatment plan/seek help if the patient is at high risk. Mortality risk increases with:

- More than 100 mg morphine equivalents a day.
- › Opioids with benzodiazepines.
- More than 40 mg of methadone a day.
- > Signs of significant misuse or illicit drug use.

CAUTION

BEGIN

GREEN

LIGHT

1

STOP!