Checklist for the Prescribing of Opioids for the Management or Treatment of Pain

Excludes: Cancer Patients, Terminal Pain Patients
and Patients that have Supervised Administration of Opioids in a Health Care Setting

For ALL Pain Patients (Acute and Chronic)

☐ Documented history and physical

☐ Complete Board-approved risk assessment tool to determine patient appropriateness for opioids

☐ Document opioid prescription and rationale

☐ Treatment Plan that includes consideration of nonpharmacological modalities and non-opioid options for pain

☐ Informed Consent outlining risks and benefits of opioid use (can be combined with treatment plan document)

☐ Query* the NH PDMP (Prescription Drug Monitoring Program) by licensee or delegate for initial script
The prescriber/delegate may print the PDMP query results for review and may reference the report in the client chart.

*Exceptions for PDMP use: Controlled Rx *administered* to patient; PDMP inaccessible due to electronic issue; or ED with high patient volume such that querying the PDMP would create a delay in care.

Acute Pain Patients (in addition to the items above for ALL Pain Patients)

☐ Ensure patient has been provided information on:
- Risk of side effects, including addiction and overdose resulting in death
- Risks of keeping unused medications
- Options for safely securing and disposing of unused medication
- Danger in operating a motor vehicle or heavy machinery

☐ Consider patient's risk for opioid misuse, abuse, diversion and prescribe the lowest effective dose for shortest duration.

☐ Prescriptions from Emergency Departments/Urgent Care/Walk-In Care: In most cases, a prescription of 3 or fewer days is sufficient, but no more than 7 days. If a prescription is necessary to exceed the board approved limit, the medical condition and rationale must be documented.

☐ For unresolved acute pain where continuity of care is anticipated: No obligation to prescribe opioids for more than 30 days; however, if unresolved acute pain persists beyond 30 days, requires an in-office, follow-up appointment prior to issuing a new script.

Chronic Pain Patients (in addition to the items above for ALL Pain Patients)

☐ Prescribe for the lowest effective dose for a limited duration

☐ Treatment Plan, includes but not limited to:
- Goals of treatment in terms of pain management
- Restoration of function
- Safety
- Time course of treatment
- Consideration of non-pharmacological modalities and non-opioid therapy

☐ Written Treatment Agreement** The treatment agreement shall address, at a minimum:
- Requirement for safe medication use and storage
- Requirement for obtaining opioids from only one prescriber or practice
- Consent to periodic and random drug testing
- Prescriber's responsibility to be available or to have clinical coverage

☐ Consideration of consultation with an appropriate specialist for patients:
- Receiving 100mg morphine equivalent daily dose > 90 days;
- At high risk for abuse or addiction; or
- Have a co-morbid psychiatric disorder

☐ Re-evaluate Treatment Plan and Re-check PDMP at least twice per year

☐ Conduct random and periodic urine drug testing** at least annually for patients taking opioids > 90 days

** Not required for patients with episodic intermittent pain receiving no more than 50 dose units in a 3 month period.