***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.