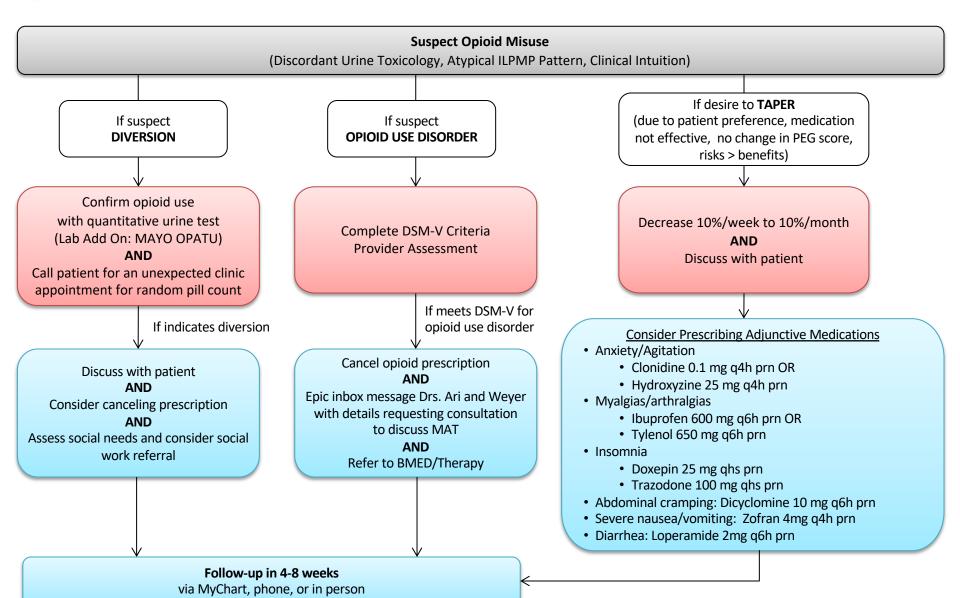


# **Chronic Opioid Management Checklist**

Task	Frequency	Reminders & Next Steps
Complete Patient Provider Agreement	At least once; At dosage change	EPIC Letter: PCG PATIENT PROVIDER AGREEMENT (21176)     Paper copies in provider workrooms
Prescribe Naloxone	At least once; At dosage change	<ul> <li>If Rx is ≥ 50 morphine milligram equivalents (MME) per day</li> <li>Epic Dotphrase: .OpioidNaloxonePrescribingHints</li> </ul>
Assess Mental Health	At least once; At dosage change	• Screen for depression (PHQ9/CAT-MH <sup>™</sup> ), anxiety (GAD7), PTSD
Check IL Prescription Monitoring Program (PMP)	Every Prescription	<ul> <li>Check for: multiple providers, multiple Rxs, Refills too soon</li> <li>If suspect misuse or diversion, refer to Opioid Misuse</li> <li>Screening and Management</li> </ul>
Assess Pain and Functioning	Quarterly	<ul> <li>Epic Dotphrase: .OPIOIDPEG</li> <li>If little to no improvement in pain/functioning (&lt;30% ↓ in Pain, Enjoyment, General Activity (PEG) Scale), consider tapering opioids off</li> <li>Refer to Opioid Misuse Screening and Management</li> </ul>
Order Urine Toxicology Screen If hydrocodone/ hydromorphone, also order Urine Hydrocodone Screen	Annually	<ul> <li>Unexpected opioids → suspect misuse</li> <li>Does not include expected opioids → suspect diversion</li> <li>If suspect misuse or diversion, refer to Opioid Misuse         Screening and Management</li> <li>Questions: urgent → call chemistry lab (2-1772) and ask for MD on call; non-urgent → email Dr. van Wijk         (xvanwijk@bsd.uchicago.edu) or Dr. Yeo         (jyeo@bsd.uchicago.edu)</li> </ul>



### **Opioid Misuse Screening and Management**



## **DSM-V Criteria for Opioid Use Disorder: Provider Assessment**

Opioids are often taken in <u>larger amounts</u> or over a <u>longer period of time than intended</u> .		
There is a <u>persistent desire</u> or <u>unsuccessful efforts to cut down</u> or control opioid use.		
A great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects.		
<u>Craving</u> , or a strong desire to use opioids.		
Recurrent opioid use resulting in failure to fulfill major role obligations at work, school or home.		
Continued opioid use <u>despite having persistent or recurrent social or interpersonal problems</u> caused or exacerbated by the effects of opioids.		
Important social, occupational or recreational activities are given up or reduced because of opioid use.		
Recurrent opioid use in situations in which it is physically hazardous.		
Continued use <u>despite knowledge of having a persistent or recurrent physical or psychological problem</u> that is likely to have been caused or exacerbated by opioids.		
Tolerance, as defined by either of the following:  (a) a need for markedly increased amounts of opioids to achieve intoxication or desired effect  (b) markedly diminished effect with continued use of the same amount of an opioid		
Withdrawal, as manifested by either of the following:  (a) the characteristic opioid withdrawal syndrome  (b) the same (or a closely related) substance are taken to relieve or avoid withdrawal symptoms		

### **Severity Level:**

Mild: 2-3 symptoms

Moderate: 4-5 symptoms Severe: 6+ symptoms

### **Total Number of Symptoms Checked:**

If only GRAY boxes checked, they may NOT have opioid use disorder.