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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	• If Rx is ≥ 50 morphine milligram equivalents (MME) per day • Epic Dotphrase: .OpioidNaloxonePrescribingHints
Assess Mental Health	At least once; At dosage change	• Screen for depression (PHQ9/CAT-MH™), anxiety (GAD7), PTSD
Check IL Prescription Monitoring Program (PMP)	Every Prescription	• Check for: multiple providers, multiple Rxs, Refills too soon • **If suspect misuse or diversion**, refer to ***Opioid Misuse Screening and Management***
Assess Pain and Functioning	Quarterly	• Epic Dotphrase: .OPIOIDPEG • If little to no improvement in pain/functioning (<30% ↓ in Pain, Enjoyment, General Activity (PEG) Scale), **consider tapering opioids off** • Refer to ***Opioid Misuse Screening and Management***
Order Urine Toxicology Screen If hydrocodone/ hydromorphone, also order Urine Hydrocodone Screen	Annually	• Unexpected opioids → **suspect misuse** • Does not include expected opioids → **suspect diversion** • If **suspect misuse or diversion**, refer to ***Opioid Misuse Screening and Management*** • 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)

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Opioid Misuse Screening and Management

Suspect Opioid Misuse
(Discordant Urine Toxicology, Atypical ILPMP Pattern, Clinical Intuition)

If suspect **DIVERSION**

Confirm opioid use with quantitative urine test (Lab Add On: MAYO OPATU)
AND
Call patient for an unexpected clinic appointment for random pill count

If indicates diversion

Discuss with patient
AND
Consider canceling prescription
AND
Assess social needs and consider social work referral

If suspect **OPIOID USE DISORDER**

Complete DSM-V Criteria
Provider Assessment

If meets DSM-V for opioid use disorder

Cancel opioid prescription
AND
Epic inbox message Drs. Ari and Weyer with details requesting consultation to discuss MAT
AND
Refer to BMED/Therapy

If desire to **TAPER**
(due to patient preference, medication not effective, no change in PEG score, risks > benefits)

Decrease 10%/week to 10%/month
AND
Discuss with patient

<u>Consider Prescribing Adjunctive Medications</u>

- Anxiety/Agitation
  - Clonidine 0.1 mg q4h prn OR
  - Hydroxyzine 25 mg q4h prn
- Myalgias/arthralgias
  - Ibuprofen 600 mg q6h prn OR
  - Tylenol 650 mg q6h prn
- Insomnia
  - Doxepin 25 mg qhs prn
  - Trazodone 100 mg qhs prn
- Abdominal cramping: Dicyclomine 10 mg q6h prn
- Severe nausea/vomiting: Zofran 4mg q4h prn
- Diarrhea: Loperamide 2mg q6h prn

Follow-up in 4-8 weeks
via MyChart, phone, or in person

DSM-V Criteria for Opioid Use Disorder: Provider Assessment

Opioids are often taken in **larger amounts** or over a **longer period of time than intended**.	
There is a **persistent desire** or **unsuccessful efforts to cut down** 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.	
Craving, 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 **despite having persistent or recurrent social or interpersonal problems** 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 **despite knowledge of having a persistent or recurrent physical or psychological problem** 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.