CENTER FOR INNOVATION IN ACADEMIC DETAILING ON OPIOIDS

Opioids for Chronic Pain Documentation Suggestions

Suggested components of documentation	**Example:** 55 y/o cis-gender male seen for initial provider visit. CC: chronic b/l hand pain.
Pain history Complete OLDCARTS for pain complaint. **TIPS:** Treatment: pain medications, non-pharmacologic therapies, surgeries. Severity: PEG scale includes functional impact of pain. *See "Current pain assessment" below*.	**Onset:** 10 years ago, no specific injury reported **Location:** distal interphalangeal joints of hands and feet **Duration:** 10 years, progressively worse every year **Characterization:** intermittent sharp pains and numbness in hands and feet **Aggravating:** cold and rainy weather **Relieving:** oxycodone (x15 minutes), does not take other meds or do physical therapy **Treatment history:** Oxycodone 30mg 4x/day x10 years. Tapered to 100 tabs last month; does not want opioids anymore, but did not agree to taper & reports more pain. **Severity:** 5-8/10 PEG scale
Other relevant history **Imaging:** x-ray, MRI, ultrasound. **Labs:** related to disease processes or substance related. **Prior notes:** past diagnoses, ROI from other providers. **Other medications:** non-opioid medications.	**Imaging:** 2012: X-ray bilateral hands: erosions **Labs:** 2012: rheumatoid factor mildly elevated **Prior notes:** distal interphalangeal joint swelling consistent with arthritis; missed rheumatology appointment after referral 9 years ago **Other medications:** previously used gabapentin but stopped: "doesn't help pain"
Current pain assessment The 3-question PEG reflects average pain and impact on enjoyment and function over past week (pg. 14)	**Past week average pain:** 5 with medication/ 9 without **Pain interference on life enjoyment:** 6 with medication/ 9 without **Pain impact on general activity:** 4 with medication/ 7 without
Physical exam Complete focused exam yearly or more frequently.	Full range of motion in hands and feet; mild swelling of distal IP joints; sensation intact with sense of numbness in distal and plantar feet
Risk factor assessment Guides clinical decision-making (pg. 15).	Substance use (ETOH & meth) and psychiatric history (schizophrenia controlled with medication) noted.
Opioid use disorder screening Use DSM-5 (pg. 25).	Patient does not meet the criteria for OUD: 1 criterion noted.
Urine drug screen (pg. 17)	UDS as expected XX/XX/XXXX and YY/YY/YYYY. Repeat every 3 months given risk profile.
Control substance agreement or consent (pg. 18)	Controlled substance agreement reviewed with patient XX/XX/XXXX. Copy given to patient.
Prescription drug monitoring program (pg. 19)	PDMP reviewed XX/XX/XXXX; no unexpected prescriptions.
Naloxone (pg. 22)	Prescribed intranasal naloxone XX/XX/XXXX. Signs of when to use naloxone reviewed.
Plan Include rational for plan and future goals. **TIPS:** continuity of care, obtainable goals, and minimizing patient risks make a strong rational.	I do not treat neuropathic pain with opioids and patient does have some risks. However, for now will continue current dose of oxycodone because patient has done well for years, underwent a challenging recent taper, has no evidence of OUD, and is new to me. Given risks of discontinuation, will work closely with patient to reduce reliance upon opioids. Repeat hand X-rays ordered. Follow UDS every 3 months and continue screening for OUD.

*Page numbers refer to **Opioids and Chronic Pain: A Guide for Primary Care Providers**, available at www.ciaosf.org/materials

CIAO is based out of the San Francisco Department of Public Health in collaboration with the California Department of Public Health and CDC