CENTER FOR INNOVATION IN ACADEMIC DETAILING ON OPIOIDS

Opioids for Chronic Pain: Documentation Template

Suggested components of documentation	*You can use these suggestions to create your own EMR Smart Phrase!*
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:** **Location:** **Duration:** **Characterization:** **Aggravating:** **Relieving:** **Treatment history:** **Severity:**
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:** **Labs:** **Prior notes:** **Other medications:**
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:** **Past week pain interference on life enjoyment:** **Past week pain impact on general activity:**
Physical exam Complete **focused** exam yearly or more frequently.	**PE:**
Risk factor assessment Includes mental health/psych hx Guides clinical decision-making (pg. 15).	**Risk factors include**:
Opioid use disorder screening Use DSM-5 (pg. 25).	**OUD criteria noted** (0-11):
Urine drug screen (pg. 17)	**UDS** results / date / plan
Control substance agreement or consent (pg. 18)	**Controlled substance agreement** review date
Prescription drug monitoring program (pg. 19)	**PDMP** results / date
Naloxone (pg. 22)	**Prescribed/discussed naloxone** date
Plan Include rational for plan and future goals. **TIPS:** continuity of care, obtainable goals, and minimizing patient risks make a strong rational.	**Plan:**

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

CENTER FOR INNOVATION IN ACADEMIC DETAILING ON OPIOIDS

Opioids for Chronic Pain: Documentation Example

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 (for ~15 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 Includes mental health/psych hx 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 (unable to stop or cut down).
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.	Opioids not indicated for neuropathic pain and patient has some risks. However, for now will continue current dose of oxycodone b/c patient has done well for years, underwent challenging recent taper, has no evidence of OUD, and is new to me. Given risks associated with discontinuation, will work closely with patient to reduce reliance on opioids. Repeat hand X-rays ordered. Follow UDS every 3 months and continue screening for OUD.

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