## **GUIDELINES FLOWCHART**

FOR THE EVALUATION AND THE TREATMENT OF COMPLEX CHRONIC NON-CANCER PAIN



#### **ASSESSMENT**

**BEGIN** 

GREEN

LIGHT

CAUTION

- > Review medical history, including records from previous providers.
- > Administer a physical exam to determine baseline function and pain.
- > What prior attempts were made to treat this pain with non-opioid modalities?
- > Is the diagnosis appropriate for opioid treatment?
- > Psychosocial and risk assessment: risk of medication abuse (e.g. ORT, SOAPP, etc.), psychiatric co-morbidity (e.g. PHQ 2,4, etc.).
- > Sleep risk assessment (e.g. <u>STOP</u> <u>BANG</u> or equivalent).
- > It is seldom appropriate to prescribe chronic opioids on the first visit.

## **NON-OPIOID OPTIONS**

- > Create a plan of treatment with the patient that incorporates non-opioid interventions.
- > Patient lifestyle improvement: exercise, weight loss.
- > Behavioral therapies: CBT, peer-to-peer or other peer support, case management, psychotherapy, and case management.
- > Physiotherapy modalities: OT, PT, passive modalities.
- > Medical interventions: pharmacological, procedural, surgical.

# ESTABLISHED PATIENTS

- Use these guidelines with established patients.
- Reassess your patient and work your way through the flowchart.
- Continue to prescribe, or taper, as you do so.

## **OPIOID TREATMENT**

#### PROCEED WITH CAUTION!

- > Perform UDS prior to prescribing.
- Check for evidence of possible misuse (PDMP).
- Patient signs a material risk notice and a treatment agreement.
- Agree on and document treatment goals.

### AT **EVERY** VISIT!

- > Assess for changes in function and pain.
- > Evaluate progress on treatment goals.
- Assess for aberrant behaviors.
- > Assess for adverse side effects.

If no improvement or if aberrant behavior or adverse side effects are observed, stop and reassess!

#### STOP! REASSESS.

> If you have concerns from your visit assessment, seek help from community partners or other specialists.

CAUTION: Re-evaluate your treatment plan/seek help from specialists if you:

- > prescribe more than 120 mg MED/day without obvious functional improvement.
- > prescribe opioids with benzodiazepines.
- > prescribe more than 40 mg of methadone/day.
- > notice signs of significant misuse or illicit drug use.













