

## MAIN LINK

<http://unchart.com/opioid/> ← Slides, Links to specific tools mentioned

## TAKE YOUR OWN PULSE

Where do you sit on the continuum of provider prescribing habits?

## INITIAL PRESCRIPTION TOOLKIT

### SCREEN RISKS

	LOW RISK	HIGH RISK	TOOL
<b>ETIOLOGY</b>	Clear Cause	Unclear Cause	
<b>PSYCH</b>	No History	Unstable Mood	PHQ-9, GAD-7
<b>ADDICTION</b>	No History	Active Addiction	CAGE-AID
<b>MEDICAL</b>	No Comorbidities	COPD/OSA	
<b>SOCIAL</b>	Good Support	Isolated/Chaos	Consider Spouse Input
<b>ACTIVITY</b>	Work/Hobbies	No Work or Hobbies.	

### TREATMENT PLAN

Biopsychosocial goals. Includes physical function, family functioning, mood, sleep. How would we know that this is working for you without using the word 'pain'?

## MONITORING TOOLKIT

### 5A'S DOCUMENTATION TOOL

Standardized documentation form that focuses on analgesia, adverse reactions, ADLs, aberrant behaviors and assessment.

### TREATMENT AGREEMENT

If interested, consider North Cascade Family Physician's as a starting point for a brief agreement with low reading requirements. See main link above.

### URINE TOXICOLOGY

Consider an inexpensive point-of-care Utox. Google: "Employee Drug Testing Ace 12 Panel"  
Many complicated details (false positives, negatives,) are reviewed on (Google:) Mayo Clinic Preceding's Urine Toxicology Review.

### DEA SEQUENTIAL PRESCRIPTION

Consider using the 2007 DEA ruling of 'Do Not Fill Until \_\_/\_\_/\_\_.' to do up to 90 days prescriptions in stable low-risk patients with chronic noncancer pain to reduce errors and patient effort.

