REVIEW MEDICAL & MEDICATION HISTORY
- Review medical history, including records from previous providers before prescribing. Check CURES and UTox.
- Do 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? There is no evidence of benefit in chronic lower back pain, migraines, fibromyalgia, or neuropathy.
- Prescribing chronic opioids is rarely appropriate on the first visit. Bridge with a few days’ supply while documenting.
- Do a psychosocial and risk assessment for medication abuse, e.g. Opioid Risk Tool (ORT) and Screener & Opioid Assessment for Patients with Pain (SOAPP). Screen for psychiatric co-morbidity.
- Do a physical assessment for safety of opioid use, e.g., bone density, EKG, sleep study, testosterone level, and STOP_BANG for sleep apnea.

INCORPORATE NON-OPIOID INTERVENTIONS
Create a plan of treatment with the patient that incorporates non-opioid interventions, such as:
- Patient lifestyle improvement: Exercise, weight loss
- Behavioral therapies: Cognitive Behavioral Therapy (CBT), peer-to-peer or other peer support, mindfulness training, psychotherapy, case management
- Physiotherapy modalities: OT, PT, passive modalities
- Medical interventions: Pharmacological, procedural, surgical
- Treatment modalities: Acupuncture, massage

IF YOU DECIDE ON OPIOID TREATMENT: START LOW & GO SLOW
- Counsel patients on potential risks. Agree on and document treatment goals. Patient signs informed consent and treatment agreement.
- Check for evidence of possible misuse (CURES) and baseline urine screen.
- Track medical and age-related conditions that increase risks of opioids.

REASSESS EVERY 6 MONTHS
- Evaluate progress toward treatment goals. If no improvement or progress on goals, stop and reassess. Use tools to assess for changes in function and pain: ORT, Tampa Scale for Kinesiophobia, or Current Opioid Misuse Measure (COMM) 1 to 2 x per year.
- Assess for worrisome behaviors and side effects every six months.

STOP!
- Seek help from community partners, specialists, medical director, or review committee if you have:
  - Concerns from your visit assessment, or
  - Notice signs of significant misuse or illicit drug use.
- Re-evaluate your treatment plan seek help if the patient is at high risk of death. For example if prescribing:
  - More than 120 mg MED/day without functional improvement, or
  - Opioids with benzodiazepines, or
  - More than 40 mg of methadone/day.
- Drug screen: Quarterly (standard) or more often (higher risk).