

## Dear Doctor

Do you prescribe opioids?       Yes       No

Do you prescribe methadone?    Yes       No

### **When CONSIDERING long-term opioid therapy, do you?**

Set realistic goals for pain and function based on diagnosis (eg. walk around the block).

*Always*       *Never*       *Sometimes*

Check that non-opioid therapies tried and optimized.

*Always*       *Never*       *Sometimes*

Discuss benefits and risks (eg. addiction, overdose) with patient.

*Always*       *Never*       *Sometimes*

Evaluate risk of harm or misuse.

*Always*       *Never*       *Sometimes*

Discuss risk factors with patient.

*Always*       *Never*       *Sometimes*

Check urine drug screen.

*Always*       *Never*       *Sometimes*

Set Criteria for stopping or continuing opioids.

*Always*       *Never*       *Sometimes*

Assess baseline pain and function (eg. PEG scale).

*Always*       *Never*       *Sometimes*

Schedule initial reassessment within 1 — 4 weeks.

*Always*       *Never*       *Sometimes*

Prescribe short-acting opioids using lowest dosage on product labeling; match duration to scheduled reassessment.

*Always*       *Never*       *Sometimes*

### **If RENEWAL without patient visit, do you?**

Check that return visit is scheduled  $\leq$  3 months from last visit.

*Always*       *Never*       *Sometimes*

## When REASSESSING at return visit, do you?

Continue opioids only after confirming clinically meaningful improvements in pain and function without significant risks or harm.

*Always*                       *Never*                       *Sometimes*

Assess pain and function (eg. PEG); compare results to baseline.

*Always*                       *Never*                       *Sometimes*

Evaluate risk of harm or misuse:

*Always*                       *Never*                       *Sometimes*

Observe patient for signs of over-sedation or overdose risk.

*Always*                       *Never*                       *Sometimes*

If yes: Do you taper dose.

*Always*                       *Never*                       *Sometimes*

Check for opioid use disorder if indicated (eg. difficulty controlling use)

*Always*                       *Never*                       *Sometimes*

If yes: Do you Refer for Treatment.

*Always*                       *Never*                       *Sometimes*

Check that non-opioid therapies optimized.

*Always*                       *Never*                       *Sometimes*

Determine whether to continue, adjust, taper, or stop opioids.

*Always*                       *Never*                       *Sometimes*

Calculate opioid dosage morphine milligram equivalent (MME).

*Always*                       *Never*                       *Sometimes*

If  $\geq 50$  MME/day total ( $\geq 50$ mg hydrocodone;  $\geq 33$ mg oxycodone),  
Increase frequency of follow-up; consider offering naloxone.

*Always*                       *Never*                       *Sometimes*

Avoid  $\geq 90$  MME/day total ( $\geq 90$ mg hydrocodone;  $\geq 60$ mg oxycodone),  
Or carefully justify; consider specialist referral.

*Always*                       *Never*                       *Sometimes*

Schedule reassessment at regular intervals ( $\leq 3$  months).

*Always*                       *Never*                       *Sometimes*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_