

Controlled Substance Contract Visit Template

@NAME@ is a @AGE@ female who presents to discuss management of chronic pain and to sign a Controlled Substance Contract for better management of her pain, which is related to ***.

@PMH@
@SURGICALHX@
@FAMHX@
@MEDSCURRENT@

PAIN EVAL--

The pain is located {BODY PARTS:32994}
The pain has been there {Time; day/wk/mo/yr(s):9076}
The patient rates the pain {PAIN SCALE NUMBERS:23660}
The pain feels like {PAIN DESCRIPTION:20198}
The pain is {Improving/worsening/no change:60406}
Patient has tried physical therapy {YES:23105}
Physical therapy was beneficial {YES:23105}
Patient has tried a TENs unit {YES:23105} and found it was {helpful?:2109900086}
Patient has tried neurontin {helpful?:2109900086}
Patient has tried lyrica {YES:23105} and it was {helpful?:2109900086}
Other medicinal and non-medicinal therapies tried:***
Patient has tried narcotics {YES:23105} and found it {helpful?:2109900086}
Patient has a current pain contract {YES:23105}
Other things that help alleviate the pain {Causes; alleviating factors back:2100300028}
Things that aggravate the pain {PAIN (AGGRAVATING FACTORS):20203}
This is interfering with ADLs {YES:23105}
The ADLs bothered include {ASSESSMENT; ADL CAPACITY:2101600098}
Patient has been evaluated by another specialist (ortho, pain management, etc) {YES:23105}
(Request records if not in current EMR)

Mental Status Exam of patient reveals patient is: {pe mental status_general use:313008}

Notice of Risk was provided {Yes / No (comments):34168}
PMP reviewed {Yes / No (comments):34168}
PMP appropriate {Yes / No (comments):34168} **(If applicable - document need to exceed 50MME/day; consider referral to pain management for \geq 120MME)**
Is patient receiving Benzodiazepine's: {Yes / No (comments):34168} **(If yes, document tapering plan to achieve lowest possible effective dose)**
Urine drug screen/Contract med screen ordered/reviewed: {Yes / No (comments):34168}

Controlled Substance Contract was signed today with the following Medications (Medication name, strength, frequency, and number of tablets) ***

Nalaxone prescribed: {Yes / No (comments):34168} **(Consider for \geq 120MME/day or concomitant benzo RX)**

Pharmacy of choice: ***

Family Stress was notified and patient will have a visit with Family Stress to complete her individualized treatment plan on: ***.

The following tools have been utilized to assist with identifying patients risk for opioid abuse and to determine her pain level.

PHQ9

1. Feeling little interest or pleasure in doing things = {NUMBERS; 0-3:30215}
2. Feeling down, depressed, hopeless = {NUMBERS; 0-3:30215}
3. Trouble falling or staying asleep = {NUMBERS; 0-3:30215}
4. Feeling tired and having little energy = {NUMBERS; 0-3:30215}
5. Poor appetite = {NUMBERS; 0-3:30215}
6. Feeling bad about self or guilty = {NUMBERS; 0-3:30215}
7. Trouble concentrating = {NUMBERS; 0-3:30215}
8. Moving or speaking slower = {NUMBERS; 0-3:30215}
9. Thoughts that you would be better off dead = {NUMBERS; 0-3:30215}

0=never; 1= sometimes, 2= more than 1/2 the days of the week, 3= nearly every day

Total Score = {NUMBERS 1-31:20828}

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?***

Interpretation of Score

1-4 Minimal depression

5-9 Mild depression

10-14 Moderate depression

15-19 Moderately severe depression (**Not suitable for long-term opioid analgesia, see policy for exceptions**)

20-27 Severe depression (**Not suitable for long-term opioid analgesia, see policy for exceptions**)

Opioid Risk Tool - Female

1. Family History of Substance Abuse

Alcohol: yes = 1, no = 0: **{NUMBERS 0-5:20570}**

Illegal drugs: yes = 2, no = 0: **{NUMBERS 0-5:20570}**

Prescription drugs: yes= 4, no = 0: **{NUMBERS 0-5:20570}**

2. Personal History of Substance Abuse

Alcohol: yes = 3, no = 0 **{NUMBERS 0-5:20570}**

Illegal Drugs: yes = 4, no= 0 **{NUMBERS 0-5:20570}**

Prescription Drugs: yes=5, no=0 **{NUMBERS 0-5:20570}**

3. Age 1 point if age 16-45: **{NUMBERS 0-5:20570}**

4. History of Preadolescent Sexual Abuse: yes=3, no=0 **{NUMBERS 0-5:20570}**

5. Psychological Disease

Attention Deficit Disorder, Obsessive Compulsive Disorder, Bipolar, Schizophrenia:
Yes=2, no=0 {NUMBERS 0-5:20570}
Depression: yes=1, no=0 {NUMBERS 0-5:20570}

Score Total = {NUMBERS 1-31:20828}

Total Score risk category to determine risk for abuse:

Low risk 0 - 3

Moderate Risk 4 - 7

High Risk ≥ 8 (**Not suitable for long-term opioid analgesia**)

PEG tool

1. What number *best describes* your pain on average in the past week? {NUMBERS 1-10:21407} 0= no pain, 10= Pain as bad as you can imagine
2. What number best describes how, *during the past week*, pain has interfered with your enjoyment of life? {NUMBERS 1-10:21407} 0= Does not interfere, 10= Completely interferes
3. What number best describes how, *during the past week*, pain has interfered with your general activity? {NUMBERS 1-10:21407} 0= Does not interfere, 10= Completely interferes