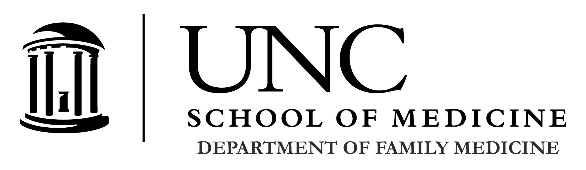
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***Managing the Pain:   
Using an Interdisciplinary Consultation Team to Educate Residents   
(and Faculty)***

***About Challenging Controlled Medication Practices***

Susan Slatkoff, MD, Linda Myerholtz, Ph.D. & Kelly Bossenbroek-Fedoriw, MD

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**Consult Request - Family Medicine Controlled Medication Advisory Board**

1. Reason for Consult: (drop down list)
2. Etiology of chronic pain:
3. Past diagnostic workup:
4. Past consultations: (drop down list)
5. Complicating co-morbidities (include psychiatric diagnoses and history of substance misuse):
6. Non-opioid therapies tried:
7. Medication history and current meds/doses x duration of time on this regimen:
8. Functional assessment:

**Pain, Enjoyment and General Activity:**

1. What number describes pain on average in the last week?
2. What number describes how pain has interfered with your enjoyment of life in the last week?
3. What number describes how pain has interfered with your general activity in the past week?
4. Most recent NCCSRS report and recent urine tox screen results:
5. Any concerning aberrant behaviors?
6. Opioid Risk Tool - **total score**:

1. Family History of Substance Abuse:

Alcohol:

Illegal Drugs:

Prescription Drugs:

2. Personal History of Substance Abuse:

Alcohol:

Illegal Drugs:

Prescription Drugs:

3. Age 16-45?:

4. Hx of preadolescent sexual abuse?:

5. Psychological Disease:

**Risk Category:**

**Low Risk: 0 to 3**

**Moderate Risk: 4 to 7**

**High Risk: 8 and above**

**Controlled Medication Advisory Board Recommendation Templates**

1. Patient is very high risk for accidental overdose and opioid misuse/abuse given his/her high dose of opioids, lack of indication for chronic opioid therapy and history of prescription drug misuse. (Opioid Risk Score = \_\_\_ )

**OR**

Patient is at low risk for accidental overdose and opioid misuse/abuse. His/her MED currently is \_\_\_ at most. However, would investigate source of pain. Consider decreasing medication dose S/P successful treatment, namely \_\_\_\_\_\_\_\_\_\_\_\_\_.

1. Please sign Treatment Agreement and then add Controlled Substance Agreement Signed to patient's problem list.
2. NCCSRS checked [date] and appropriate
3. Recommend prescription of rescue Naloxone
4. Consider referral to:

Pain psychology through the department of Psychiatry or through UNC Pain Clinic

**OR**

[other].

**References:**

**CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016**, by Dowell D, Haegerich TM, Chou R. in MMWR Recommendations and Reports 2016;65(No. RR-1):1–49.

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**Interagency guideline on opioid dosing for chronic non-cancer pain: An educational aid to improve care and safety with opioid therapy**, developed by the Washington State Agency Medical Directors Group in collaboration with an Expert Advisory Panel, Actively Practicing Providers, Public Stake Holders and Senior State Officials. *3rd edition, June 2015*. http://www.agencymeddirectors.wa.gov/Files/2015AMDGOpioidGuideline.pdf

**Recommended Curriculum Guidelines for Family Medicine Residents – Chronic Pain Management, June 2015**. http://www.aafp.org/dam/AAFP/documents/medical\_education\_residency/program\_directors/Reprint286\_Pain.pdf

**Responsible, Effective, and Safe Prescription of Opioid for Chronic Non-Cancer Pain: American Society of Interventional Pain Physicians (ASIPP) Guidelines,** by Manchikanti L., et.al. in Pain Physician: Opioid Special Issue 2017; 20:S3-S92.

http://www.painphysicianjournal.com/current/pdf?article=NDIwMg%3D%3D&journal=103