

Box 1. Baseline assessment of the chronic noncancer pain patient

1. Pain condition

Comprehensive knowledge of the patient's pain condition includes

- a thorough history and physical examination to determine the type, cause, and nature of the pain, including questions about past investigations and interventions for pain and any medication trials,
- an estimate of the pain intensity and the functional impairment that arises from it (impact of pain on work, school, home, and leisure activities), and
- diagnosis.

2. General medical and psychosocial history

Other relevant history includes

- general medical history, including questions about general physical health, emotional health, and medication use, and
- psychosocial history, including information about living arrangements, family and social support, family obligations, and work status.

3. Psychiatric status

Psychiatric status includes information regarding

- the patient's current and past history of psychiatric disorders and treatments, and
- any family history of psychiatric disorders.

4. Substance use history

Substance use history includes questions about

- current, past, and family histories of substance use, abuse, and addiction (alcohol, marijuana, tobacco, benzodiazepines, opioids, cocaine, amphetamines, barbiturates, hallucinogens, and solvents), and
- whether the patient has previously attended a treatment program for addiction.

5. Documentation

Maintain detailed records document

- patient assessment, treatment plan, discussion of risks and benefits, informed consent, opioids prescribed, and outcomes.

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Box 2. Opioid information for patients: *These messages could be used to create patient education materials.*

Opioids are a group of similar medications that are used to help with pain—there is more than 1 type of opioid and they have different names (for example, Percocet, OxyContin, Tylenol No. 2, and Tramacet).

- Opioids are used to improve your ability to be active and to reduce pain.
 - You and your doctor will ensure that the medication helps you to achieve your goals (eg, become more active).
 - Your doctor will see you for follow-up visits to assess pain relief, any side effects, and your ability to meet your goals.
- Common side effects of opioids include nausea (28% of patients report it), constipation (26%), drowsiness (24%), dizziness (18%), dry skin or itching (15%), and vomiting (15%).
 - Side effects can be minimized by slowly increasing the dose of the drug and, if necessary, by using anti-nausea drugs and bowel stimulants.
- Your doctor will ask you questions and discuss your concerns about the risk of becoming addicted.
 - Addiction means that a person uses the drug to “get high” and cannot control the urge to take the drug.
 - Most patients do not “get high” from taking opioids and most have a low risk of addiction. Those at greatest risk have a past history of addiction with alcohol or other drugs.
- Opioids have risks—these can be managed by working cooperatively with your doctor.
 - Take the medication as your doctor prescribed it.
 - Do not drive while your dose is being gradually increased or if the medication is making you sleepy or confused.
 - Only 1 doctor should prescribe your opioid medication—it is not safe to obtain this medication from 2 different doctors.
 - Do not take opioids from someone else, and do not share them with others.
 - You may be asked for a urine sample—this will help to show all the drugs you are taking and ensure that you are not taking an unsafe combination of drugs.
 - Your doctor will give you a prescription for the amount of medication that will last until your next appointment. Keep your prescription safe and use the medications as instructed. If you run out too soon or lose your prescription your doctor will probably not provide another.
 - If you cannot follow these precautions it might not be safe for your doctor to prescribe opioid medication for you.
- If you stop taking your medication abruptly, you will experience a withdrawal reaction.
 - Withdrawal symptoms do not mean you are addicted, just that you stopped the drug too quickly. Your doctor will direct you on how to slowly stop this medication so you won't have this experience.
 - Opioid withdrawal symptoms are flulike (eg, nausea, diarrhea, and chills).
 - Withdrawal is not dangerous but it can be very uncomfortable.
 - If you interrupt your medication schedule for 3 days or more for any reason, do not resume taking the medication without consulting a doctor.
- Overdose from opioids is uncommon, but you and your family should be aware of the signs.
 - Opioids are safe over the long term, BUT they can be dangerous when starting or increasing a dose.
 - Overdose means thinking and breathing slows down—this could result in brain damage, trauma, or death.
 - Mixing opioids with alcohol or sedating drugs, such as pills to help anxiety or sleeping, greatly increases the risk of overdose.
 - Contact a doctor if you notice any of the following signs of overdose: slurred or drawling speech, becoming upset or crying easily, poor balance, or “nodding off” during conversation or activity.
- The medication the doctor prescribes for you can be very dangerous to others.
 - Your body will get used to the dose your doctor sets for you, but this same dose can be very dangerous to others.
 - You have reached your proper dose slowly, but someone who is not used to the medication could have a serious reaction, including death. Do not give your medication to anyone else—it is illegal and could harm or kill them.
 - Keep your medication securely stored at home—the bathroom medicine cabinet is not a safe place; research has shown that others, particularly teenagers might help themselves to these drugs from friends or relatives.

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