



Initial Opioid Monitoring Form

Purpose: to ensure patient access to safe and effective pain management therapy by improving patient education and interdisciplinary coordination through implementation of the *CDC Guidelines for Prescribing Opioids for Chronic Pain*.

Name: _____ **M or F** (circle one) **Date of Birth:** _____ **Date:** _____

Phone: _____ **Address:** _____

Allergies: _____

(if known, please indicate reaction and date of occurrence)

		Circle One	
1	Is this for short-term (<14 days), long-term (>14 days), or hospice therapy?	hospice	acute chronic
2	Have you tried other therapies for your pain?	Yes	No
	If yes to the above question, please list:		
3	Do you use alcohol?	Yes	No
4	Do you use tobacco?	Yes	No
5	Do you have a history of sleep apnea, emphysema, asthma or COPD?	Yes	No
6	Have you used opioids (hydrocodone, oxycodone, Norco, Lortab, etc.) in the past?	Yes	No
7	Do you use benzodiazepines (lorazepam, diazepam, alprazolam, Ativan, Xanax, etc.)?	Yes	No
8	Have you used medications for other than their prescribed purposes?	Yes	No
9	Have you ever used illegal drugs or been diagnosed with a substance use disorder?	Yes	No
Next three questions are for long-term pain management therapy only, skip if, < 14 days of therapy.			
10	What number best describes your pain on average in the past week: (no pain) 0 1 2 3 4 5 6 7 8 9 10 (worst imaginable pain)		
11	What number, for the past week, best describes how pain has interfered with your <u>enjoyment of life</u> : (not at all) 0 1 2 3 4 5 6 7 8 9 10 (complete interference)		
12	What number, for the past week, best describes how pain has interfered with your <u>general activity</u> : (not at all) 0 1 2 3 4 5 6 7 8 9 10 (complete interference)		

— For Pharmacy Staff Only —

1. If hospice, patient is exempt from all monitoring and follow-up. If acute therapy, arrange follow-up phone call in 3 days. If chronic therapy, arrange follow-up phone call at 2 weeks.
2. Assess if opioid is appropriate. Educate on non-opioid options for pain control.
3. If yes: emphasize interaction with opioids and offer naloxone. If no: still provide the counseling point.
4. If yes: consider closer follow-up with patient and offer naloxone, evidence suggests smokers at higher risk of overdose.
5. If yes: patient is at high risk of potentially significant respiratory depression, counsel patient and offer naloxone.
6. If yes: ask about previous indication and how they worked for the patient. If no: continue.
7. If yes: call provider and make aware of interaction and offer naloxone. If no: continue.
8. If yes: higher risk of misuse, offer naloxone. If no: continue.
9. If yes: offer Naloxone and provide close follow-up and monitoring. If no: continue
10. 10-12: Skip if acute therapy. In Chronic therapy, will allow pharmacist to assess efficacy for long-term therapy.

Calculate MME using table in Protocol or Excel Document:

- Be sure to include both long-acting and short-acting formulations
- If sig provides a range, use most frequent dosing per sig

MME Calculated:

Assessment/Action taken:

Upload sheet into Strand and document encounter.

Pharmacist Signature: _____ Date: _____