Checklist for the Prescribing of Opioids for the Management or Treatment of Pain

Excludes cancer and terminal pain and does not apply to the supervised administration of opioids in a health care setting.

_________________________________

Patient name & date

For ALL Pain (Acute and Chronic)

☐ Documented history and physical
☐ Complete Board approved risk assessment tool to determine patient appropriateness for opioids
☐ Treatment Plan that includes consideration of nonpharmacological modalities and non-opioid options for pain
☐ Lowest effective dose for fewest number of days
☐ Informed Consent outlining risks and benefits of opioid use
☐ Query the NH PDMP* (Prescription Drug Monitoring Program) Initial script: __________ (date)
Prescriber may want to print the PDMP query results/screen shot for the medical record

*Exceptions for PDMP use: Controlled Rx administered to patient; PDMP inaccessible due to electronic issue; or ED with high patient volume such that querying the PDMP would create a delay in care.

Acute Pain

☐ Document opioid prescription and rationale
☐ Prescription limited to 7 days when issued in emergency dept., urgent care or walk-in clinic
☐ For unresolved acute pain where continuity of care is anticipated: No obligation to prescribe opioids for more than 30 days; however, if unresolved acute pain persists beyond 30 days, requires an in-office, follow-up appointment __________ prior to issuing a new script.
   (date)

Chronic Pain

☐ Written Treatment Agreement **
☐ Consideration of pain consultation for patients receiving 100mg morphine equivalent daily dose > 90 days
☐ Reevaluate Treatment Plan and use of opioids at least twice per year: __________ (date) __________ (date)
☐ Re-check PDMP, at least twice per year: __________ (date) __________ (date)
☐ Urine Drug Screens ** at least annually for patients taking opioids > 90 days:
   __________ (date) __________ (date)

** Not required for patients in long-term, non-rehab facility when opioid is administered or for patients with episodic intermittent pain receiving no more than 50 dose units in a 3 month period.

NH RSA 318-B:41 Rulemaking for Prescribing Controlled Drugs
Administrative Rules Med 502 Opioid Prescribing