

Opioid Chart Review Checklist

Instructions: First, choose a chart of a patient that meets the following criteria: 1) the patient has a chronic non-cancer pain diagnosis (i.e. pain duration longer than 6 months), 2) current daily opioid therapy, 3) trial of opioid therapy began in the past 6 months, 4) opioids prescribed continuously for more than 3 months (chronic opioid therapy – COT). Second, gather all sources of information, assign at least 30 minutes to each chart, and refer to Opioid Manager ©.

Notes: 1) Do not include charts for patients whose opioid prescription is primarily managed by another provider; 2) Charts of patients who were inherited from another provider may be included.

Suggested Sources of Info: Rx copies, chart notes, admission history and physical, addiction assessment, protocols, policies, UDS results, correspondence, attendance schedules, incident reports, reports of other Rx, treatment plan, patient profile, etc.

Date of Review: _____

Prescriber ID: _____

Chart Review ID Number: _____

Patient year of birth: _____

Diagnosis(-es) of chronic non-cancer pain condition: _____

Approximate date of initiating daily opioid therapy: _____

Type(s) of opioid currently being prescribed, dose and frequency [most recent prescription]:

Opioid	Dose	Frequency	Quantity

	Meets	Partially meets	Does not meet	N/A	Notes	Suggestions
Initial Patient Assessment (or included in Cumulative Patient Profile)						
- first documented discussion of opioid trial						

	Meets	Partially meets	Does not meet	N/A	Notes	Suggestions
1. The physician documents a clear initial assessment of the pain condition: cause, type duration and pattern and intensity						
2. The physician clearly documents indications for opioid prescribing						
3. The physician documents a clear assessment of general medical condition						
4. The physician documents a clear assessment of psychiatric status						
5. The physician documents a clear assessment of substance use history						
6. The physician documents a clear assessment of psychosocial history						
7. The physician documents a clear assessment of contraindications and relative contraindications to opioid prescribing (including pregnancy)						
8. The physician documents a clear assessment of opioid risk using the Opioid Risk Tool or equivalent [Optional]	Used		Not Used			
9. The physician documents a clear assessment of all prescribed medications						
10. The physician documents a clear assessment of all non-pharmacologic pain treatment						
11. The physician documents a clear assessment of co-existing use of alcohol or illicit substances						

	Meets	Partially meets	Does not meet	N/A	Notes	Suggestions
12. The physician has a written treatment agreement signed by the patient and documented in the chart prior to initiating opioids [Optional]	Used		Not Used			
13. The physician has documented baseline urine monitoring and appropriate interpretation on first presentation [Optional]	Used		Not Used			
Treatment Initiation - first prescription of opioid trial						
1. The physician documents a clear treatment initiation plan - starting dose, formulation (liquid/tablet etc), duration before dose adjustment;						
2. The physician has given advice on use of PRN doses						
3. Patients began management with lower strength opioid type [Stepped Approach]						
4. The physician has prescribed an appropriate starting dose Table B-9.1						
5. The physician documents discussion about treatment goals						
6. The physician documents other pharmacotherapies, psychosocial treatments, physical therapies, and complementary and alternative medicine treatments						
Patient Education						
1. The physician has given patient appropriate warning(s)/ advice on side effects and serious						

	Meets	Partially meets	Does not meet	N/A	Notes	Suggestions
adverse effects (including addiction/abuse/misuse)						
2. The patient is able to safely store and administer the medication, the risks of diverted opioids, and that s/he agrees never to give or sell his/her opioids						
3. The physician has counseled the patient on issues related to pregnancy (for females of childbearing age)						
4. The physician advises the patient to avoid driving a motor vehicle until a stable dosage is established and it is certain the opioid does not cause sedation						
5. The physician has counseled the patient on strategies to avoid opioid overdose						
Monitoring						
1. The physician reviews the patient at appropriate intervals [No longer than 4 weeks after initiation or adjustment; no longer than 3 months on stable dose]						
2. The physician has documented review of pain severity measurement						
3. The physician has documented review of functioning						
4. The physician has documented review of side effects and serious adverse effects						

	Meets	Partially meets	Does not meet	N/A	Notes	Suggestions
5. The physician has documented review of other pharmacotherapies, psychosocial treatments, physical therapies, and complementary and alternative medicine treatments						
6. The physician has documented progress toward/revision of treatment goals						
8. The physician has documented review for signs of opioid use disorder/aberrant drug-related behaviors						
9. The physician has clearly documented the pain management plan						
10. The physician has clearly documented dose adjustment regime and pain monitoring that informs dose adjustment						
11. The dose adjustment does not exceed the suggested dose increase (refer to Opioid Manager ©)						
12. The dose adjustment does not occur before minimum time interval for increase (refer to Opioid Manager ©)						
13. The physician has given advice on use of PRN doses						
14. If the physician exceeds the watchful opioid dose of 200 mg/day of morphine or equivalent, there is documentation of careful re-						

	Meets	Partially meets	Does not meet	N/A	Notes	Suggestions
assessments and frequent monitoring for improved patient outcomes						

** The Opioid Chart Review Checklist was developed using CPSO’s methadone practice assessment checklist as a template and modified for use in chart reviews for opioid prescribing for the purpose of this study. CPSO is not responsible in any way for this product or the use or results from the use of this product.