

The College Lens on Prescribing

When assessing a physician's opioid prescribing for chronic non-cancer pain management here are the questions the College might ask:

Before prescribing an opioid

- Is there documentation of the pain-related diagnosis, general medical condition, psychosocial history, psychiatric status and substance use history?
- Has a history and physical examination for the pain-related diagnosis been completed?
- Are there appropriate investigations and consultations completed for this diagnosis?
- Is there a review of therapies tried to date and review of ongoing non-pharmacologic therapies for management of chronic pain?
- Are opioids indicated for this pain condition?

At the time of initiating an opioid

- Has there been a review of all current medications?
- Have hepatic and renal functioning been taken into consideration?
- Has a review of risk factors for opioid-related harm including risk of addiction, concomitant use of a benzodiazepine, risk of unintentional opioid overdose and assessment for aberrant drug related behavior been completed?
- Have potential benefits, adverse effects, complications and safety risks including proper storage of medication and impact on driving been explained?
- Are there established treatment goals and a discussion of how and when therapy will be discontinued if benefits do not outweigh the risk? Minimum treatment goals should include improvement in function and a meaningful decrease in pain.



- Is there a signed opioid treatment agreement completed and easily accessible?
- Has a Urine Drug Test (UDT) been considered/done/reviewed on initiation of therapy and periodically thereafter?
- Is there documentation of the drug name, dose, and frequency, amount to be dispensed on the chart and a Morphine Equivalent Dose (MED) calculation completed?
- Is there a recommendation for follow up within 1-4 weeks for initiation of opioid therapy or with any changes and at least every 3 months in stable, chronic pain patients?

Follow up prescribing of opioids

- Has there been a review of the established treatment goals? This should include a review to determine improved function and a meaningful decrease in pain.
- Has there been a review of side effects, complications and safety and a determination as to whether continuation of the opioid at the current dose is indicated and whether the benefits outweigh the risks? Has there been a discussion with the patient if an attempt at tapering the opioid dose is being considered?
- Has there been a review of how the patient is taking the opioid?
- When there has been a clinical change, has the history and physical examination been updated?
- Is there a review of ongoing non-pharmacologic therapies for management of chronic pain?
- Is there documentation of periodic reviews of hepatorenal function, current medication list, medical problems and risk of safety including unintentional opioid overdose and safe storage of opioids?
- Has there been screening for aberrant drug related behavior?
- Has a Urine Drug Test (UDT) been considered/done/reviewed periodically?
- Is there documentation on the chart that the prescription is due to be renewed and the PMP website reviewed as needed as per the College's *Professional Standard Regarding Review of Monitored Drug History Before Prescribing*?

- Is there documentation of the drug name, dose, and frequency, amount to be dispensed on the chart and a Morphine Equivalent Dose (MED) calculated? If prescribing outside of the current guidelines, is there an explanation for the rationale?
- Is there a recommendation for follow up within 1-4 weeks with any changes and at least every 3 months in stable, chronic pain patients?

Resources

McMaster University Michael G. DeGroote National Pain Centre

[The 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain](#)

College of Physicians and Surgeons of Nova Scotia

[Professional Standard Regarding Review of Monitored Drug History Before Prescribing](#)

Canadian Medical Protective Association

[Opioid Prescribing for chronic non-cancer pain](#)

