

Checklist for Assessing Opioid Prescriptions for Acute Pain in Patients ≥ 15 years

Checks that can be initiated prior to consulting with patient:

- Check the profile for other medications (e.g. opioids, interacting drugs).
- Check profile for medical conditions if available.
- Check if the dose is within the recommended 50 MME per day.
- Check if the formulation is an immediate-release low potency opioid.
- Consider the quantity. Assess quantity further if it is greater than 20 tablets.
- Check if non-opioids have been prescribed.

Information gathering during consultation:

- Confirm if opioid naive, other medications (including OTC), medical conditions.
- Ask the patient about their pain, expected duration of opioid use and follow up.
- Check indication. Is an opioid indicated? Is the quantity excessive for the indication?
- Check if guidance was given about non-opioids (including if these are to be avoided).
- Check for barriers to accessing another fill (e.g. travel, extra cash dispensing fee).

Actions:

- Recommend **non-opioids first line if appropriate.**
- Suggest and discuss an opioid quantity with the patient.
- If a part-fill is given, ask the patient to sign the prescription.

Counsel on:

- Maximum dose per day of 50 MME and the equivalent tablet number. Opioids only need to be added in 'prn'.
- Use the lowest effective dose for the shortest time for all pain medications.
- Benefits and risks of opioids and non-opioids, including side effects, risks of long term use.
- Risk of withdrawal and need for tapering if potentially being used for > 7 days.
- Discuss safe storage, safe disposal, not sharing.**

Documentation:

- Document everything as per your usual practice. Option to fax information leaflet to the prescriber.**

NSAID checklist

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| <input type="checkbox"/> Active or previous stomach ulcer or bleed | <input type="checkbox"/> Renal or hepatic impairment |
| <input type="checkbox"/> Age (risks increased in elderly, ≥ 65) | <input type="checkbox"/> Inflammatory Bowel Disease |
| <input type="checkbox"/> CVD, heart failure, stroke, bleeding disorders | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Interacting medications e.g. anticoagulants | <input type="checkbox"/> Allergies |

Notes: