Opioid Management Follow-Up

The controlled-substance visit, with the risk-mitigation steps as fields rather than things you hope you remembered.

Patient / MRN / DOB	
Date of service	*Date _____ · start _____ : _____ · stop _____ : _____ · total time ___ min · in person / telehealth*
Current regimen	*Agent _____ dose _____ · agent _____ dose _____ ·* ***total MME/day _____*** *· weeks on therapy ___*

A Benefit and Harm Since Last Visit

Same instruments as baseline, so the comparison is real

MEASURE	INSTRUMENT	TODAY	BASELINE
Pain intensity	*NRS / VAS*		
Function or disability	*ODI / PROMIS / other*		
Progress toward agreed goals			

B Risk Mitigation

Each one is a field because each one gets audited

PDMP reviewed	*Y / N · date _____ · other prescribers or pharmacies identified _____*
Toxicology testing	*Considered Y / N · performed Y / N · date _____ · result and interpretation _____*
Naloxone	*Offered Y / N · prescribed Y / N · patient and caregiver educated Y / N*
Concurrent CNS depressants	*Benzodiazepine Y / N · other sedating agent _____ · risk-benefit reasoning documented*
Aberrant behaviour	*None noted / early refills / lost prescriptions / unexpected toxicology · action taken _____*

C Assessment and Plan

Adverse effects and interval events	*Constipation · sedation · falls · sleep-disordered breathing · ED visits, hospitalisations, new prescribers*
Assessment	*Do benefits continue to outweigh harms? Reasoning, not a conclusion*
Plan	*Continue / adjust / taper · new MME/day _____ · non-opioid and non-pharmacologic components · referrals*
Follow-up	*Interval _____ · earlier if dose escalated · next PDMP and toxicology due _____*

D Attestation

Attestation	*Clinician signature _____ · name and credentials _____ · date and time signed _____ ·* ***every page identified and signed***

What the 2022 CDC guideline asks of this visit. Reevaluate benefits and risks regularly, and **within 1 to 4 weeks** of any dose escalation (Rec 7). **Review the PDMP** periodically during chronic therapy (Rec 9). **Consider toxicology testing** for prescribed and non-prescribed controlled substances (Rec 10). Use **particular caution** with concurrent benzodiazepines or other CNS depressants and document the reasoning (Rec 11). Offering **naloxone** is part of risk mitigation (Rec 8). Record function on the **same instrument** you used at baseline, or the comparison proves nothing.