**Opioid tips, tools & resources**



**Initiating**

Review documents with patient

* [Patient handout: Opioid Safety for Patients with Chronic Pain](http://www.cpsa.ca/wp-content/uploads/2017/08/opioid-safety_chronic_pain.pdf)
* Opioid patient-provider conversation checklist

Netcare review

* Confirm current medication use
* Establish a process for early refill requests by shortening dispensing quantities up to daily dispensing
* [Netcare](http://www.albertanetcare.ca/) access and information:
	+ If Netcare is not available call Alberta College of Physicians and Surgeons at 1-800-561-3899 ext 4939

Assess benzodiazepine and adjunct medications

* Consider benzodiazepine taper prior to starting opioids
* [Benzodiazepines - Use and Taper](http://www.cpsa.ca/wp-content/uploads/2016/08/Clinical-Toolkit_BDZ_Nov_2016.pdf?x91570)

Coordinate care with the patient’s community pharmacy

* Discuss goals of therapy, monitoring plan, naloxone kit, blister packaging, fill quantities
* Fax all prescriptions to the pharmacy
* Sustained release products are preferred
* Use scheduled dosing times, not as needed

Consider which patients should have a naloxone kit

* High dose opioids
* Concurrent benzodiazepines
* High risk patients
	+ Highest risk of an overdose for patients is during an opioid taper due to relapse
	+ Ensure patient has naloxone kit and supports know how to use it
* Handouts
	+ [Pharmacies carrying take home Naloxone kits](https://www.albertahealthservices.ca/assets/healthinfo/mh/hi-amh-thn-pharmacies.pdf)
	+ [For Patients - Recognize Opioid Overdose and How to use Naloxone](http://www.drugsfool.ca/)
	+ [Naloxone FAQ for Patients](https://www.albertahealthservices.ca/assets/healthinfo/mh/hi-amh-thn-faq-clients.pdf)

Consider random urine drug screen

* [Urine drug testing guide](https://www.nhms.org/sites/default/files/Pdfs/UrineDrugTestingguide.pdf)

**Management**

Reassess the patient

* Dose change: within 4 weeks
* Stable dose: within 12 weeks
	+ Opioid risk tool - Assess for yellow psychosocial flags
	+ Consider non-pharmacologic treatment of pain
	+ Target lowest possible opioid dose
	+ Increase opioid dose **only** with 30% functional improvement
	+ Consider opioid taper if lack of functional improvement is seen
	+ Consider if an opioid rotation is needed
	+ Consider if help from specialty care is needed
	+ Helpful resources include:
		- Prescriptions Opioid Misuse Index (POMI)
		- [Psychosocial yellow flag assessment](http://www.topalbertadoctors.org/download/1886/ClinicalAssessmentPsychosocialYellowFlags.pdf?_20180116191244)
		- [Psychosocial flag management](http://www.topalbertadoctors.org/download/1880/Management%20of%20Psychosocial%20Yellow%20Flags.pdf?_20180116191352)
		- [Opioid risk assessment associated with substance abuse/psychological disease](http://nationalpaincentre.mcmaster.ca/opioid/cgop_b_app_b02.html)
		- [Use Opioid Manager for OME calculations](http://www.cpsa.ca/wp-content/uploads/2016/04/OpioidManager.pdf?x91570)
		- [Opioid Manager](http://www.cpsa.ca/wp-content/uploads/2016/04/OpioidManager.pdf?x91570)

**Tapering**

Review tapering considerations document

* [Tapering considerations](http://nationalpaincentre.mcmaster.ca/opioid/cgop_b_app_b12.html)
* Allow the patient to choose which= dose will decrease
* Have pharmacy dispense at daily, every other day, or weekly intervals
* Blister packaging may reinforce the structure around the taper

Reassess the patient weekly

* Assess and document pain, function, withdrawal symptoms, and benefits
* Offer self-management and social supports
* Team can help with monitoring, patient support, phone consults
* Hold the taper If the patient experiences significant withdrawal, worsening of mood or pain, or reduced function
* It’s strongly encouraged to not return to a previous higher dose
* Consider waiting until symptoms settle, then restart taper at a reduced rate
* Consider community pharmacist support for monitoring patients