Opioid Provider-Patient Conversation Checklist

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|  | **Shared responsibilities**  |
|  | **1** We talked about how my pain affects me and how opioids may help me function. We agreed to work toward the mutually agreed upon goals. |
|  | **2** We talked about treatment options. My doctor also recommends starting or continuing the following (e.g. Physical therapy, talk therapy, exercise, counseling, massage, chiropractor treatment, acupuncture, other pain medications) |
|  | **3** We talked about possible short and long term side effects and the risk of overdose. We also talked about what to do if this happens. |
|  | **4** We agreed to be honest with each other. We both have the same goal—to safely manage my pain. |
|  | **5** We talked about the cost of my medication and which community pharmacy I will decide to use. We also talked about other choices if the medication become too expensive. |
|  | **6** We agreed that opioids can be dangerous, especially if used in the wrong way. For my safety, I need to be totally honest with my doctor to help him monitor my care safely. This may include: a) Pill counts, to be sure the number of pills used is correctb) Urine (“pee”) or blood tests, to be sure I am taking my medication correctly and that no unsafe drugs are presentc) Checking the “prescription monitoring program” to be sure the drugstore is filling pain pills only when they are due and only from this doctor’s office. |
|  | **7** We agreed that I would take only the number and type of pills prescribed to me. We will work together to change them if they are not meeting our agreed-upon goals. |
|  | **Patient responsibilities**  |
|  | **8** I will tell my doctor about all the medications I am taking and any new medication given to me by someone else. |
|  | **9** My doctor has the correct name, address, and phone numbers for me. I will let my doctor know if they change. |
|  | **10** If I have any problems with the opioids, I will talk to my doctor before I do anything different with my pills. |
|  | **11** I agree to take my pills, as discussed with my doctor. If I do not understand or make an error, I will be honest and ask for help. |
|  | **12** My doctor explained that opioids are very dangerous when they are mixed with other drugs including marijuana or alcohol or used in the wrong way. For safety, I understand that I should not: a) Use recreational drugsb) Take medications not prescribed to mec) Drink more alcohol than my doctor thinks is safe for med) Take extra pills, resulting in running out of my medication earlye) Get opioids from other doctors or the emergency roomf) Give or sell my pills to someone elseg) Drive a motorized vehicle until I know how the pills affect me. |
|  | **13** I understand that my pills are to be used only for me. I will keep them in a safe place away from children, pets, and other people to prevent accidental death. I will also bring leftover pills to my community pharmacy for safe disposal.  |
|  | **14** I will tell my doctor right away if I become pregnant. I know that my medications may need to change to keep me and my baby safe. |
|  | **Physician responsibilities**  |
|  | **15** I will listen to my patient’s stories about living with pain. I will keep their personal goals in mind when recommending treatment. |
|  | **16** I will keep learning about how to treat pain and recognize when opioids are causing more harm than good. |
|  | **17** I will make sure my patient knows what phone number(s) to call for help when the clinic is closed. |
|  | **18** My office and I will be available to my patients when they need help.  |
|  | **19** I will make sure my patient knows my office rules about how and when to ask for refills. |
|  | **20** I will teach my patients how to take their medication safely. I will have them show me to be sure they are doing it right. |
|  | **21** If I believe opioids are no longer safe or helping my patient, I will be honest and direct about this and work with them to create a new, safer pain management treatment plan. |