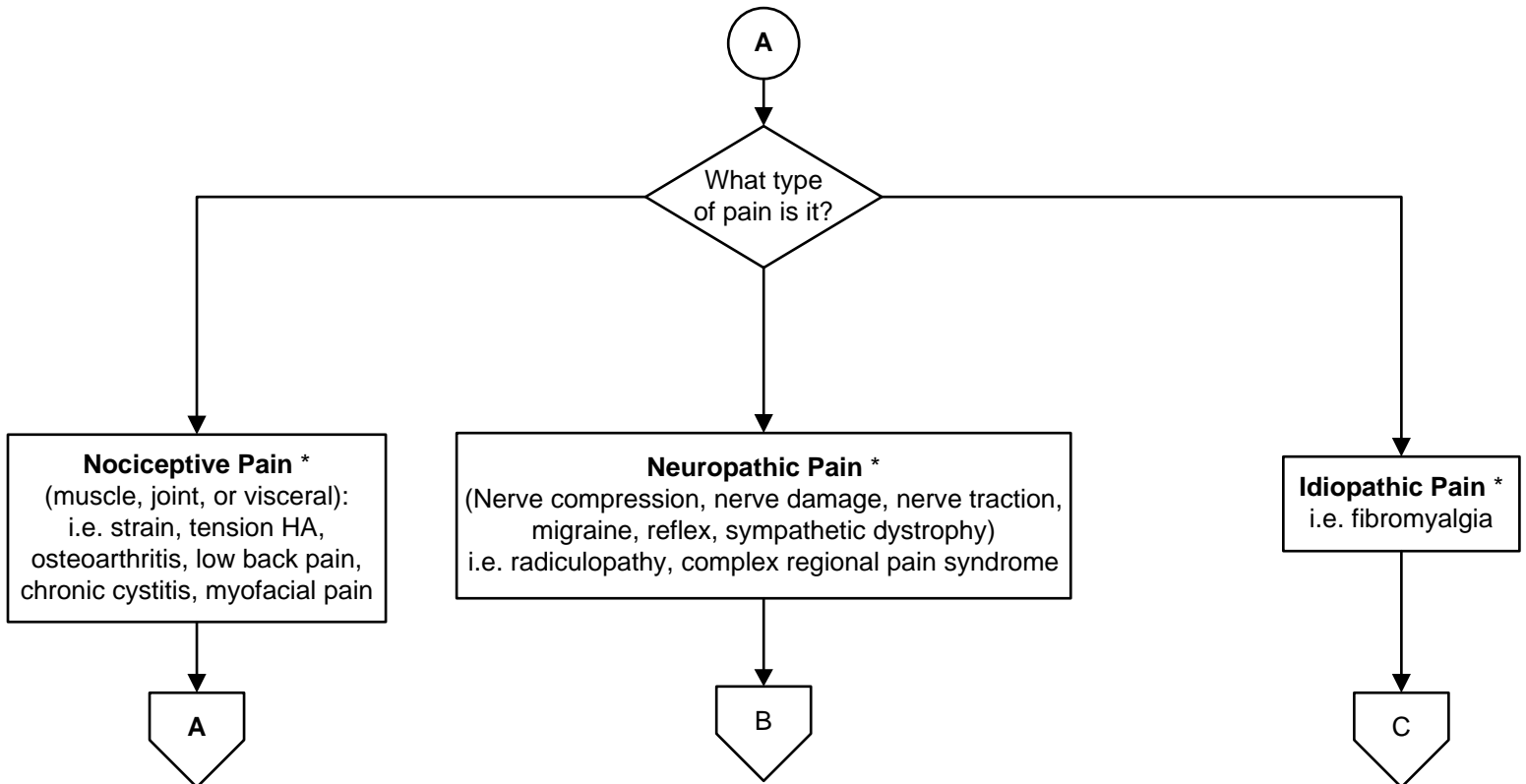
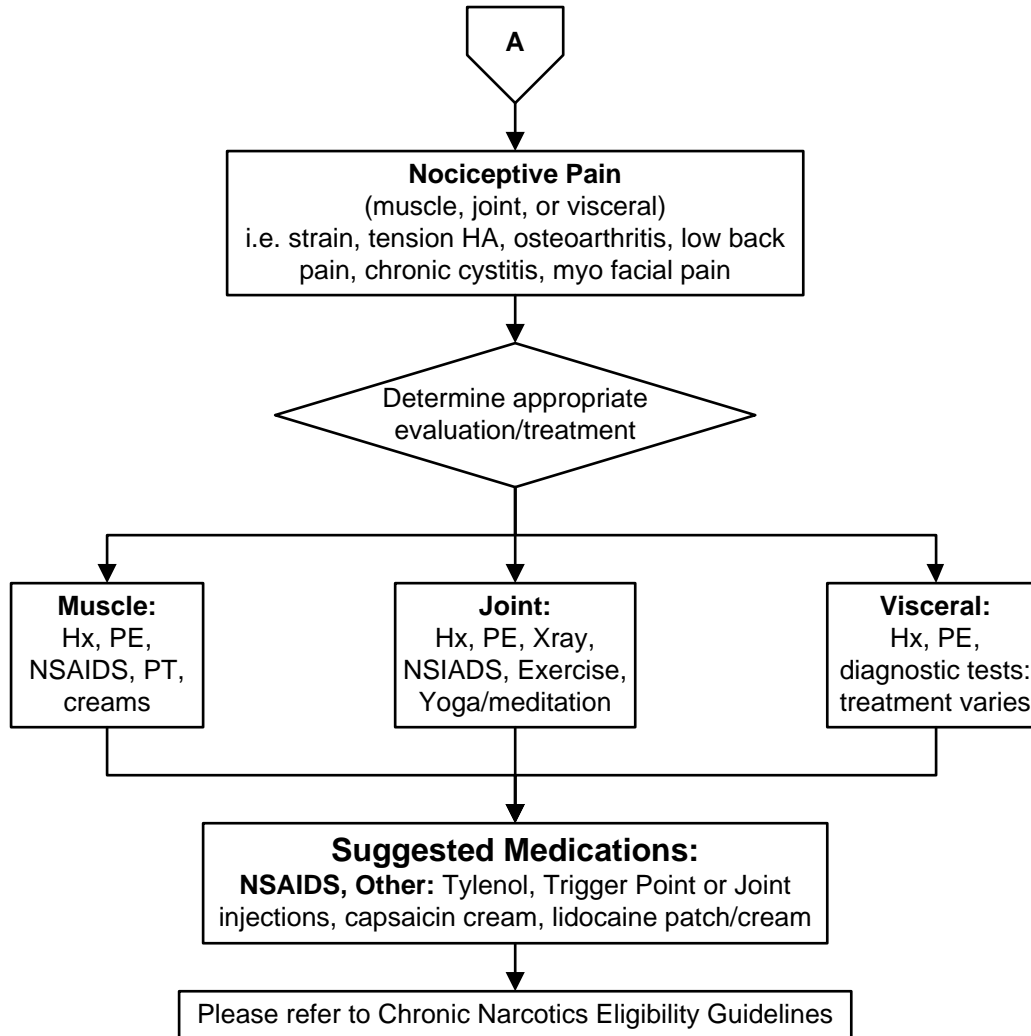


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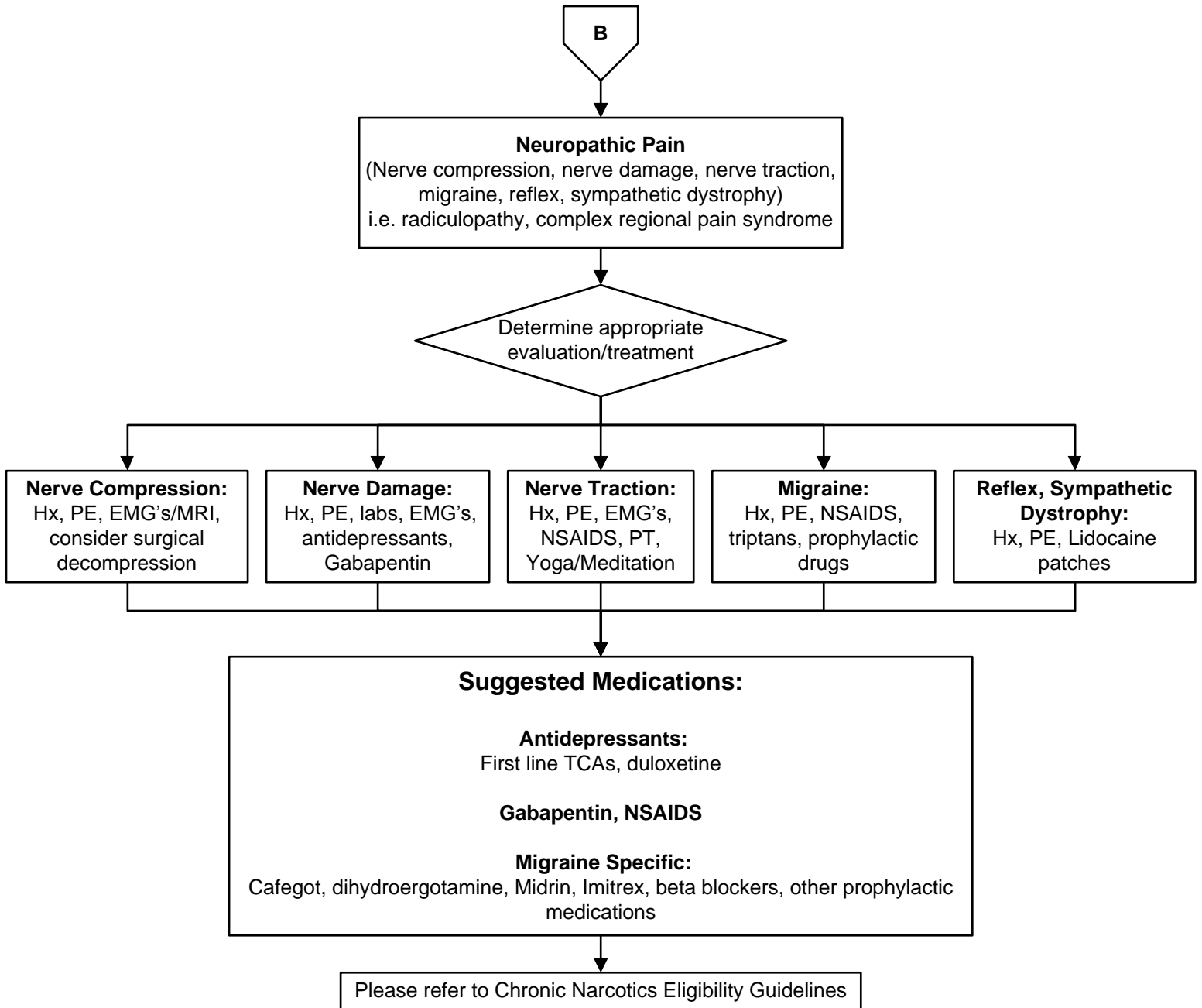


**\*Treatment Options for all types of pain:**  
Sleep Hygiene, Yoga, Meditation

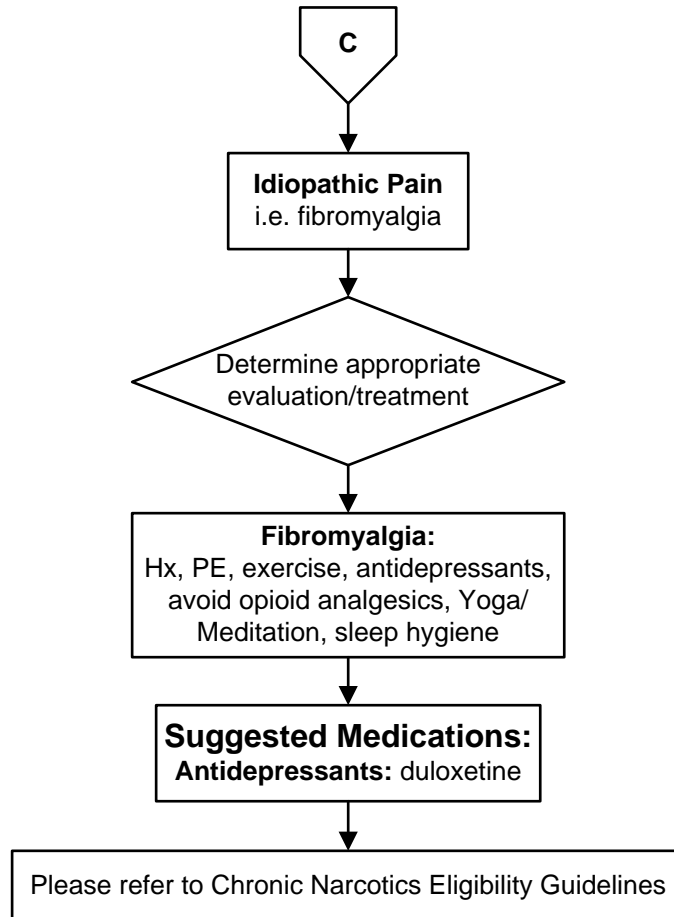
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**Follow up and reevaluation:**

**Assess for:**

1. functionality
2. adverse effects
3. achievement of goals
4. analgesia
5. behaviors of concern: see flow sheet

Were goals achieved?

Yes

Reassess q 6 months, review agreement, revisit goals, taper as indicated.

No, 1<sup>st</sup> time

Reevaluate diagnosis, goals, Tx.

No, 2<sup>nd</sup> time

Reevaluate diagnosis, goals, Tx.

No, 3<sup>rd</sup> time

**Assess goal failure:**  
 1. Opioid non-responsive pain  
 2. Incorrect diagnosis  
 3. Psychiatric illness  
 4. Unrealistic goal-setting  
 5. Secondary gain (e.g. litigation)  
 6. Diversion and/or abuse  
 7. Consider Behavioral Health Consult

Behaviors of concern (see box)?

Yes → Refer to committee for review via pain committee order

Consider stopping outpatient opiates while under review

Monitor and use Compliance Tools (eg pill audits, UDS)

Review at pain review.

Evaluate strikes; if three, cancel contract.

Reassess with patient's request letter.

If significant efforts of treatment, consider restarting agreement.

No, 1<sup>st</sup> time

Consider Toxicology Screen

Change treatment/ agreement.

No, 2<sup>nd</sup> time

Consider Toxicology Screen

Change treatment/ agreement.

No, 3<sup>rd</sup> time

Consider Toxicology Screen

Consider referral to pain specialist, behavioral health, addiction therapy.

Refer to Pain Committee via order

**Behaviors of Concern**

1. ETOH abuse
2. Poly-drug abuse
3. Cocaine abuse (+tox screen)
4. Forgery
5. Stealing. Buying from the street.
6. Negative tox screen for prescribed opioid/benzodiazepine.
7. Hospitalization related to substance abuse.
8. Drug overdose.
9. Injection oral medications.
10. Visit to ED with intoxication.
11. Specific opioid/benzodiazepine (by name) request.
12. Multiple unsanctioned opioid/benzodiazepine dose escalations.
13. Recurring loss/stolen opioid/benzodiazepine prescriptions.

For terminal cancer patients (with life expectancy less than or equal to 6 months) who have previously demonstrated good compliance with Chronic Medication agreement, documentation of titration for pain control as appropriate is acceptable without requiring new agreement. Continue to monitor for achievement of goals/behaviors of concern.

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