

The Opioid Manager form is available to download in Accuro.(Optimed)

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Title: **Opioid Manager** Description: Not Reviewed

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OPIOID MANAGER

The Opioid Manager is designed to be used as a point of care tool for providers prescribing opioids for chronic non-cancer pain. It condenses key elements from the Canadian Opioid Guideline and can be used as a chart insert.

Before You Write the First Script

Patient Name: **Mister Tester**
 Pain Diagnosis: _____
 Date of Onset: MM/DD/YYYY

Goals decided with patient:

Initiation Checklist	Y	N	Date
Any opioids indicated for this pain condition	<input type="checkbox"/>	<input type="checkbox"/>	MM/DD/YYYY
Explained potential benefits	<input type="checkbox"/>	<input type="checkbox"/>	MM/DD/YYYY
Explained adverse effects	<input type="checkbox"/>	<input type="checkbox"/>	MM/DD/YYYY
Explained risks	<input type="checkbox"/>	<input type="checkbox"/>	MM/DD/YYYY
Patient given information sheet	<input type="checkbox"/>	<input type="checkbox"/>	MM/DD/YYYY
Signed treatment agreement (as needed)	<input type="checkbox"/>	<input type="checkbox"/>	MM/DD/YYYY
Urine drug screening (as needed)	<input type="checkbox"/>	<input type="checkbox"/>	MM/DD/YYYY

Opioid Risk Tool

By Lynn K. Webster MD

Item (check all that apply)	Item score if female	Item score if male
1. Family History of Substance Abuse:		
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>
Legal drugs	<input type="checkbox"/>	<input type="checkbox"/>
Prescription drugs	<input type="checkbox"/>	<input type="checkbox"/>
2. Personal History of Substance Abuse:		
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>
Legal drugs	<input type="checkbox"/>	<input type="checkbox"/>
Prescription drugs	<input type="checkbox"/>	<input type="checkbox"/>
3. Age (check box if 18-45)	<input type="checkbox"/>	<input type="checkbox"/>
4. History of Prepubescent Sexual Abuse	<input type="checkbox"/>	<input type="checkbox"/>
5. Psychological Disease		
Attention Deficit Disorder, Obsessive-Compulsive Disorder, or Bipolar, Schizophrenia	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>
Total	0	0

Overdose Risk

Patient Factors	Prevalent Factors	Opioid Factors	Start low, slowly gradually increase frequently
- Elderly - On benzodiazepines - Renal impairment - Hepatic impairment - COPD - Sleep apnea - Stroke disorders - Cognitive impairment	- Incomplete assessment - Rapid titration - Combining opioids and sedating drugs - Failure to monitor dosing - Inadequate information given to patient and/or relatives	- Coadministration of benzodiazepines - CE formulations - higher doses than IR Prevention - Assess for Risk Factors - Educate patients / families about risks & prevention	- Start low, slowly gradually increase frequently - Careful with benzodiazepines - Higher risk of overdose - reduce initial dose by 50%, titrate gradually - Avoid paracetamol routes - Adolescent, elderly - may need consultation - Watch for Misuse

Stepped Approach to Opioid Selection

Mild to Moderate Pain → Severe Pain

First line: codeine or tramadol → First line: morphine, oxycodone or hydromorphone

Second line: morphine, oxycodone or hydromorphone → Second line: fentanyl

Third line: methadone

Initiation Trial

A closely monitored trial of opioid therapy is recommended before deciding whether a patient is prescribed opioids for long term use.

Suggested Initial Dose and Titration (Modified from Webster et al., 2007 and the e-CPS, 2008) *Notes: This table is based on oral dosing for OTC brand names are shown if there are some distinct features about specific formulations. References to brand names as examples does not imply endorsement of any of these products. CE = controlled release, IR = immediate release, NA = not applicable, ASA, Acetylsalicylic Acid*

Opioid	Initial dose	Minimum time interval for increase	Suggested dose increase	Maximum daily dose before considering IR to CE
Codeine (alone or in combination with acetaminophen or ASA)	15-30 mg q 4 h, as required	7 days	15-30 mg/day up to maximum of 600 mg/day (acetaminophen dose should not exceed 3.2 grams/day)	100 mg
CE Codeine	50 mg q 12 h	7 days	50 mg/day up to maximum of 300 mg q 12 h	NA
Tramadol (37.5 mg) + acetaminophen (325 mg)	1 tablet q 4 h, as needed up to 4/day	7 days	1-2 tablets q 4 h, as needed up to maximum 8 tablets/day	3 tablets
CE Tramadol	a) Lytram IR™ 150 mg q 24 h, b) Solamir™ 100 mg q 24 h, c) Robax™ 100 mg q 24 h	a) 7 days, b) 2 days, c) 5 days	Maximum doses: a) 400 mg/day, b) 300 mg/day, c) 300 mg/day	NA
IR Morphine	5-10 mg q 4 h, as needed maximum 40 mg/day	7 days	5-10 mg/day	20-30 mg
CE Morphine	10-20 mg q 12 h, Kadian™ 4-8 h, Kadian™ should not be started in opioid-naïve patients	Minimum 2 days, recommended 14 days	5-10 mg/day	NA
IR Oxycodone	5-10 mg q 4 h, as needed maximum 30 mg/day	7 days	5 mg/day	20 mg
CE Oxycodone	10-20 mg q 12 h, maximum 30 mg/day	Minimum 2 days, recommended 14 days	10 mg/day	NA
IR Hydromorphone	1-2 mg q 4 h, as needed maximum 8 mg/day	7 days	1-2 mg/day	4 mg
CE Hydromorphone	2 mg q 12 h, maximum 8 mg/day	Minimum 2 days, recommended 14 days	2-4 mg/day	NA

Initiation Trial Chart

Date	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Opioid prescribed				
Daily dose				
Daily morphine equivalent				
Goals achieved → Yes, No, Partially				
Pain intensity				
Functional status → Improved, No Change, Worsened				
Adverse effects				
Complications? (Reviewed: Y/N)				
Aberrant Behaviour (Reviewed: Y/N)				
Urine Drug Screening (Y/N)				
Other Medications				

To access the Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-cancer Pain and to download the Opioid Manager visit <http://nationalpaincentre.mcmaster.ca/opioid/>

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Offline

