Opioid Facility Oversight CHECKLIST

ASSESSMENT / PROBLEM DEFINITION	
Details of pain (including detailed description, exact location, and frequency, intensity, duration) *identified and documented*	❑ Y ❑ N
Patient **screened** carefully for evidence of opioid *dependency / addiction*	❑ Y ❑ N
Clear, clinically pertinent **rationale** is **documented** for *why opioids are indicated* for the type and characteristics (severity, intensity, and location) of pain	❑ Y ❑ N
CAUSE IDENTIFICATION	
All pertinent causes of pain (including medication-related adverse consequences) are investigated and either *ruled out or identified* and documented	❑ Y ❑ N
TREATMENT DECISION MAKING / TREATMENT ORDERING	
Realistic goals for pain and function *set*, based on diagnosis and prognosis	❑ Y ❑ N
Multiple reasonable and relevant **non-opioid therapies** *tried and optimized*	❑ Y ❑ N
Benefits and risks of opioid treatment discussed realistically with patient/family	❑ Y ❑ N
Cause-specific interventions *identified, ordered, and documented*	❑ Y ❑ N
IF opioids indicated, then **short-acting opioids prescribed** using *lowest dosage* on product labeling	❑ Y ❑ N
ANY ongoing **long-acting opioids** are used ONLY with *documented rationale as to why* continuous dose of opioids are medically necessary	❑ Y ❑ N
Fentanyl is *used very sparingly* and only for individuals who need a continuous dose of medication that is 100 times more potent than morphine, with detailed documented rationale	❑ Y ❑ N
Benzodiazepines (lorazepam, clonazepam, alprazolam, etc.) are *not given concurrently* with opioids unless a clear and compelling clinically pertinent rationale based on medical necessity is documented for using both together	❑ Y ❑ N
MONITORING	
Need for continuing opioids for ANY reason is *reviewed and documented* at each scheduled reassessment	❑ Y ❑ N
Detailed **evaluation to confirm** that patient has clinically meaningful *improvements* in pain and function *without significant risks or harm*	❑ Y ❑ N
At revisit, **opioids are only continued after confirming** 1) clinically meaningful *improvements* in pain and function 2) *without significant risks or harm* AND 3) clearly identified *reason* why tapering or stopping is contraindicated	❑ Y ❑ N
Detailed rationale is always documented for any *long-acting opioids*, including reasons for inadequacy of non-opioid alternatives or shorter acting opioids	❑ Y ❑ N
Observations made and documented regarding *adverse consequences* such as signs of oversedation or overdose risk, falls, anorexia, or increasing confusion and behavior issues	❑ Y ❑ N
Verification that *non-opioid approaches* have been implemented and optimized	❑ Y ❑ N

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