Suggested protocol for opioid therapy

Decision phase

Establish diagnosis

Confirm inadequacy of nonopioid and nonmedical treatments

Ensure that the balance of risk and benefit favors treatment

Explain benefits, risks and practice's monitoring policies

Establish treatment goals

Request written consent or contract when necessary

Dose-adjustment phase

(up to 8 weeks)

Start therapy at low standard dose and increase dose as tolerated to achieve acceptable analgesia

Discontinue opioid if satisfactory analgesia is not achieved or if adverse effects are intolerable

Stable phase

Maintain stable, moderate dose

Monthly refills

Require patient to pick up prescriptions in person

Assess and document patient's pain score and side effects of opioid

Treat side effects

Refer patient for comprehensive follow-up if needed

Comprehensive follow-up

Require at least every year and optimally every three months

Assess pain relief and effect of pain on wellbeing, achievement of treatment goals, functioning and quality of life

Order toxicologic screening, if indicated

Outcomes

Treatment successful

Criteria for success are one or more of the following: pain relief that improves wellbeing, progress toward goals, improved function, improved quality of life

Continue stable dose and follow-up

Dose escalation

Exclude or identify disease escalation

Hospitalize, if necessary

Repeat dose-adjustment phase

Aim to reach new, stable, moderate dose

Dose escalation failed

Try opioid rotation:

Switch opioid and start at lower dose

OR

Wean and discontinue therapy; restart opioid after period of abstinence, if necessary

Treatment failed

Criteria for failure are any of the following: failure to achieve success, evidence of addiction, noncompliance

Wean and discontinue therapy

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