



*****Permission given by Karen Nelson, MD (Wyoming Health Medical Group) to use this document as a sample contract.**

OPIOID PROTOCOL
Nonterminal Conditions

1. Complete pain history to include location, quality, quantity or severity, timing, (duration, frequency, time of day), aggravating and minimizing activities or positions, and associated manifestations.
2. Documentation to support comprehensive review of diagnostic workups
3. Determine pain generator
4. Documentation to support trials of alternative pain management approaches including surgeries, medications, physical/occupational therapy, cognitive behavioral therapy, injections, TENS, biofeedback, OMT, chiropractic manipulations/mobilizations, spinal stimulators or pumps, hypnosis, alternative medicines.
5. Urine sample for medication/drug screen will be collected upon initial visit.
6. Determine risk/benefit ration for each patient individually
 - a. medical risk
 - b. psychological risk
 - c. In cases where it has been determined that the patient has a substance dependency, abuse, or addiction, referral and co-treatment with a Psychiatrist or Addictionologist will ensue.
7. Establish long term goals for use of opioids
 - a. plan for use until end of life
 - b. plan for use temporarily with stated goals and interventions
8. Establish short and long term functional goals utilizing objective markers.
9. Establish short and long term behavioral goals utilizing objective markers as it relates to the pain generators.
Examples include: 1) weight loss, DJD, morbid obesity 2) smoking, axial pain\
10. Establish a verbal and written opioid agreement.
11. Establish regular, scheduled follow up visits
All opioids will be brought to clinic for pill counting on follow up visits.
12. Random urine screens will be collected and documented in the chart.