

Managing Pain with Opioid Therapy



This checklist is for clinicians providing pain care to outpatients (≥ 18 years), excluding pain management related to sickle cell disease, cancer, palliative care, and end-of-life care. Use this checklist to guide you through the critical steps and considerations for safer and more effective use of opioid therapy for pain management.

Pre-treatment Considerations

- Establish or confirm the diagnosis.
- Implement disease-specific interventions.
- Consider the mechanism of pain.
- Establish treatment goals for pain and function.
- Maximize nonopioid therapies.
- Discuss the benefits and risks of potential therapies with patients.
- Facilitate shared decision-making in treatment planning.

Initiating Opioid Therapy

- Assess risk and address potential harms of opioid therapy.
- Mitigate risk by offering naloxone when prescribing opioids, using prescription drug monitoring program (PDMP) information to assess overdose risk, and/or consider the benefits and risks of performing toxicology testing as needed.

Evaluate Risk Assessment

The following factors can increase a patient's risk of opioid-related harms:

- Having a history of overdose
- Having sleep-disordered breathing (e.g., sleep apnea)
- Taking benzodiazepines
- Having mental health conditions
- Being pregnant
- Being at risk of returning to a high dosage for which they have lost tolerance (e.g., undergoing tapering or recently released from prison)
- Taking higher dosages of opioids (e.g., ≥ 50 morphine milligram equivalents (MME)/day)
- Having a history of a substance use disorder

Offer naloxone when prescribing opioids as an effective strategy to help mitigate risk, especially to patients at an increased risk for opioid overdose.

CLINICIAN CHECKLIST

Initiating Opioid Therapy (Continued)

- Prescribe immediate-release opioids at the lowest effective dosage.
- Establish length of opioid prescription for acute pain only for the time when pain is severe enough to require opioids. Evaluate every 2 weeks for continued opioid use.
- Develop an exit strategy if opioid therapy is unsuccessful in improving pain and/or pain-related function.
- Schedule follow-up visits with patients within 1–4 weeks of starting therapy and then regularly after that for subacute or chronic pain or if there is a dosage increase.

Continuing or Discontinuing Opioid Therapy

- Continue educating patients on the benefits and risks of continuing opioid therapy.
- Optimize nonpharmacologic and nonopioid pharmacologic treatments.
- Consider tapering, when applicable (e.g., patient request, pain improvement, prolonged therapy, and the benefit-risk balance is unclear, high dosage without benefit, side effects, misuse or serious events, or increased risk factors).
- Engage in shared decision-making with patients.
- Schedule regular reassessments of the benefits and risks of opioid therapy at least every 3 months, or more frequently for patients at risk for opioid use disorder or overdose, ongoing monitoring, and management of opioid therapy.

Resources

- Managing Pain with Opioids Training Module: [cdc.gov/overdose-prevention/hcp/trainings/manage-pain-opioids.html](https://www.cdc.gov/overdose-prevention/hcp/trainings/manage-pain-opioids.html). (Earn Free Continuing Education Credits)
- CDC's 2022 Clinical Practice Guideline for Prescribing Opioids for Pain Training Module: [cdc.gov/overdose-prevention/hcp/trainings/guideline-for-prescribing-opioids-for-pain.html](https://www.cdc.gov/overdose-prevention/hcp/trainings/guideline-for-prescribing-opioids-for-pain.html). (Earn Free Continuing Education Credits)
- 2022 CDC Clinical Practice Guideline at a Glance: [cdc.gov/overdose-prevention/hcp/clinical-guidance/index.html](https://www.cdc.gov/overdose-prevention/hcp/clinical-guidance/index.html).