Opioid Prescribing Documentation Checklist
For Osteopathic Physicians and Surgeons in Washington State

Acute Non-Operative Pain and Acute Perioperative Pain

PRIOR TO WRITING AN OPIOID PRESCRIPTION

Document:

☐ Multimodal pharmacologic and non-pharmacologic therapies considered for pain

☐ Appropriate history and physical examination, including:
  a) Screening for risk factors for overdose and severe postoperative pain
  b) Nature and intensity of the pain or anticipated pain following surgery
  c) Other medications the patient is taking, including: date, type, dosage and quantity prescribed

☐ Queries of the Washington state Prescription Monitoring Program for first refill

☐ Secure storage and disposal of opioids, and patient notification of the following:
  a) Risks associated with the use of opioids, including risk of dependence and overdose
  b) Pain management alternatives
  c) Safe and secure storage of opioid medications
  d) Proper disposal of unused opioid medications
  e) Right to refuse an opioid prescription or order

TREATMENT PLAN (NON-OPERATIVE PAIN)

Must document:

☐ Clinical justification for opioid prescription of more than 7-day supply

☐ Changes in any of the following in follow-up visits:
  a) Change in pain level
  b) Change in physical function
  c) Change in psychosocial function

☐ Transition from acute pain to subacute pain, if opioids are prescribed for > 6 weeks

TREATMENT PLAN (PERIOPERATIVE PAIN)

Must document:

☐ Clinical justification for opioid prescription of more than 14-day supply

☐ Changes in any of the following in follow-up visits:
  a) Change in pain level
  b) Change in physical function
  c) Change in psychosocial function

☐ Plan for continued use, tapering schedule, or discontinuation if improvement is limited

☐ Transition from acute pain to subacute pain, if opioids are prescribed for > 6 weeks

☐ Risk-benefit analysis if opioids prescribed in combination with other schedule II-IV medications

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