

Example Epic SmartPhrase for Comprehensive Assessment of Chronic Pain Treated with Opioids

CIAO is based out of the San Francisco Department of Public Health in collaboration with the California Department of Public Health and CDC

The below example of a SmartPhrase (also contributed to by Drs Diana Coffa and Meredith Adamo) can be copied and pasted into Epic as a new SmartPhrase. The user navigates to the triple asterisks (***) by pressing “F2”. This is an exhaustive list of topics and should not be considered required, but merely helpful for organizing and documenting an initial evaluation. Additional information can be found on CIAO’s [“Opioids for Chronic Pain Documentation Suggestions.”](#)

Chronic pain treated with opioids

PAIN

- Pain history

*Onset/location/duration/characterization: ****

*Aggravating/relieving factors (including mood/sleep/social): ****

*Severity (PEG scale 1-10, describe trends): ****

*Patient’s perception of cause: ****

*Treatment history (including non-opioid medications, complementary, mechanical, behavioral): ****

- Other relevant history

*Imaging: ****

*Labs: ****

*Prior notes: ****

*Other medications: ****

*Mental health: ****

- Current pain assessment (PEG scale 1-10)

*Past week average pain: ****

*Past week pain interference on life enjoyment: ****

*Past week pain impact on general activity: ****

*Perceived benefits of medications and other interventions: ****

- Relevant physical exam findings: ***

CONTROLLED SUBSTANCES

- **Risk factor assessment:** Positives in **bold** - Opioid use disorder, other substance use disorder, psychotic or personality disorder, concurrent use of mood stabilizing medications or atypical antipsychotics

- **Opioid use disorder:** Positives in **bold**, 2-3=*minor*, 4-5=*moderate*, 6+=*severe*

Opioid use patterns: Use more or longer than intended, Persistent desire to stop or cut down, Excessive time dealing with opioids, Craving

Consequences of opioids: Not fulfilling responsibilities, Social/interpersonal problems, Reduced activities, Physical hazards due to use, Health problems patient knows are caused by opioids

Effects of any non-prescribed opioids (not prescribed opioids): Tolerance, Withdrawal

- **Urine drug screen:** Frequency ***; Result on *** was as expected / ***

- **Controlled substance agreement / treatment consent:** reviewed with patient on ***

- **Prescription drug monitoring program:** Reviewed *** and as expected / ***

- **Naloxone:** Last discussed/prescribed on ***

ASSESSMENT (*degree of functional impairment and pain relief, any signs of potential misuse*): ***

PLAN:

Function and pain score goals: ***

Treatment plan: ***

Discussed non-opioid analgesia options (e.g., acetaminophen, ibuprofen, gabapentin, baclofen, topicals, etc.).

Discussed interest in integrative care (e.g., acupuncture, chiropractic, yoga, massage, physical/occupational therapy, etc.).

Rationale for continued opioid therapy: Based on review of patient's pain condition and the clinical scenario, including risks of discontinuation, the benefits of opioid therapy currently outweigh the risks. No indication at this time for involuntary taper; will continue to engage in risk/benefit discussion and consideration of voluntary taper.