

withdrawal should be taken into consideration when discontinuing or tapering opioid medications.

Tools to accompany *Recommendation 11*:

- Strategies for Tapering and Weaning
http://health.utah.gov/prescription/pdf/guidelines/Strategies_tapering_weaning.pdf

Documentation and Medical Records

12. Health care providers treating chronic pain patients with opioids should maintain records, in accordance with state and federal law, documenting patient evaluation, treatment plan, discussion of risks and benefits, informed consent, treatments prescribed, results of treatment, and any aberrant behavior observed. ^{9,13,14,15,17}

12.1 A written treatment plan should document objectives that will be used to evaluate treatment success.^{9,13,14,15,17}

12.2 Opioid prescriptions should be written on tamper-resistant prescription paper to help reduce the likelihood of prescription fraud or misuse.¹⁵

To reduce the chance of tampering with the prescription, write legibly, and keep a copy.¹⁵

12.3 Assessment of treatment effectiveness should be documented in the medical record.^{9,13,15}

Both the underlying medical condition responsible for the pain, if known, and other medical conditions that may affect the efficacy of treatment or risks of adverse events should be assessed and documented at every visit.

Health care providers should consider utilizing a standardized approach such as “The Four A’s” or “The SAFE Tool” for medical documentation. The Four A’s considers four areas of concern: Analgesia, Activity, Adverse effects, and Aberrant behavior.²¹ The SAFE Tool is a numerical five point scoring system that helps to guide the health care provider toward broader views of treatment options.²³ It considers four areas of concern: social functioning (S), analgesia (A), physical function (F), and emotional functioning (E).

The Four A’s can be remembered as:

- Analgesia: inquire about level of pain (current, recent, trends, etc.);
- Activity: assess both the patient’s function and overall quality of life;
- Adverse events: determine whether the patient is having medication side effects; and
- Aberrant behavior: regularly evaluate for possible drug abuse-related behavior.

The SAFE Tool can be remembered as:

- Social functioning: inquire about family and employment relationships;
- Analgesia: inquire about level of pain (current, recent, trends, etc.);
- Physical functioning: inquire about how well the patient is meeting goals; and
- Emotional functioning: ask about changes in the patient’s mental health status.

12.4 Adherence to the treatment plan, including any evidence of aberrant behavior, should be documented in the medical record.¹⁴

Specific components of the treatment plan for which adherence should be assessed include:

- Use of opioid analgesics; and
- Follow-up referrals, tests, and other therapies.

Health care providers are encouraged to make use of resources designed to assist them in managing the care of patients with aberrant behavior. Serious non-adherence issues (e.g., illegal, criminal, or dangerous behaviors, including altering of prescriptions) may also warrant immediate discontinuation of opioid treatment.