**OPIOD OVERSIGHT COMMITTEE ROUNDS:**

**DATE OF EVAL: PT ACCOUNT:**

|  |  |
| --- | --- |
| **Checklist of standard of care:** |  |
| Appropriate dx and work up: |  |
| Chronic pain syndrome dx documented? |  |
| Med Use Agreement /CURES report |  |
| Visit frequency in last year? (# OV in last 12 mo) |  |
| **PHARM:** |  |
| Current Regimen |  |
| TDD morphine equivalent |  |
| -non opioid meds |  |
| -tried/failed meds |   |
| -side effect meds |  |
| Polypharmacy (opioids, benzodiazepines, stimulants 2/3) |  |
| **ADJUNCTIVE TREATMENTS:** |  |
| -BH |  |
| -PT |  |
| -Acupuncture |  |
| -Referrals |  |
| **MEDICAL RISK ASSESSMENT:** |  |
| EKG |  |
| Sleep apnea / Sleep study |  |
| Endocrine |  |
| **ABUSE/ DIVERSION:** |  |
| Early refills |  |
| Lost/stolen meds |  |
| Escalating dose requests |  |
| H/o substance abuse / addiction |  |
| ER visits |  |
| Aberrant Utox |  |
| Multiple prescribers on CURES |  |
| **PSYCHOLOGICAL AFFECTS:** |  |
| Depression |  |
| Relationship issues |  |
| Cognitive decline |  |
| **FUNCTIONAL AFFECTS:** |  |
| Disability |  |
| Falls |  |
| MVA |  |
| Inability to manage comorbidities |  |

**SUGGESTIONS:**

**SUMMARY:**

Opioid Oversight Committee:

Concerns:

Recommendations: