

CONTROLLED SUBSTANCE REVIEW FORM

Please:

- **Limit chart review to last 6 months.**
- Please document how time to complete form.

Medical record #

PCP being reviewed (initials):

What controlled substance? (Please circle, & write dose & amount of pills)

	Dose/amt of tabs per month:		Dose/amt tabs per mon
Oxycodone/Percocet		Fentanyl	
Morphine/MS contin		Suboxone	
Ativan/Lorazepam		Methadone	
Klonopin (Clonazepam)		Codeine/Tylenol 3	
Dilaudid (hydromorphone)		Vicodin (hydrocodone)	
Tramadol (ultram)		Flexeril	
Valium (Diazepam)			

- Other: _____

Indication for controlled substance (ie back pain, fibromylgia, etc):

Number of PCP Clinic visits in past 6 months. Does not include phone contact or visits to other providers in ACC clinic.

Is there evidence of narcotic contract in the chart? (either narcotic contract printed at somepoint, or other evidence of discussion done?)

In the past 6 months, has the patient had the following done? If so, indicate the number of times.

- **Urine toxicology screen:**
 - How many: _____
 - Abnormal drug present? YES or NO. If yes, what drug? And how many times?
 - Prescribed drug missing? Yes or No? If yes, does chart document when patient reported last taking med prior to giving urine sample?
- **Random Pill Count?**
 - How Many? _____
 - If done, were the results normal or abnormal?

Assess risk of abuse:

What is the patient's Opioid Risk Score (based on best of your ability to determine)?

ITEM	MARK IF PRESENT	SCORE IF FEMALE	SCORE IF MALE
-Fam hx Sub Abuse			
-alcohol	[]	1	3
-illegal drugs	[]	2	3
-presc drugs	[]	4	4
-NOTHING DOCUMENTED	[]	0	0
-Personal hx of sub Abuse			
-alcohol	[]	3	3
-illegal drugs	[]	4	4
-prescript drugs	[]	5	5
-NOTHING DOCUMENTED	[]	0	0
-Age (<45 yo)	[]	1	1
+Hx of sexual abuse	[]	3	0
-NOT Documented	[]	0	0
-Hx Psych dz (ADHD, OCD, Bipolar, Schizophrenia)	[]	2	2
-Not Documented	[]	0	0
-Hx Depression	[]	1	1
-not Documented	[]	0	0
<u>TOTAL SCORE</u>			
LOW RISK 0-3			
MOD RISK 4-7			
HIGH RISK >_8			

***RECEIVING >100 mg Morphine per day → Yes or No
(if yes consider HIGH RISK, because increase risk of mortality by 9x)***

*** can use online converter: <http://www.globalrph.com/narcoticonv.htm> to calculate equalivent dose for different narcotics

*****APS/AAPM Recommends assessment by pain specialist if receiving >100 mg MED per day**

Based on the risk of abuse, consider potential monitoring strategies:

LOW RISK: urine tox 1-2x/year, consider random pill count yearly

MODERATE RISK: urine tox q 3 months, random pill count 1-2x/year

HIGH RISK: monthly &/or random urine tox, weekly scripts vs monthly, 4-6 random pill counts/year, referral to pain specialist to review treatment plan

Has the patient been referred to additional services? If so, is there evidence patient made their appointment?

	Referral done	Made appt	Missed appt
Pain Clinic (Neuro)			
Integrative Medicine Pain Clinic			
Physical Therapy			
Anesthesia for steroid injection			
Sports Medicine			

Do you have access to the Mass Online Prescription monitoring program?

yes

no

If yes, has the patient received multiple prescriptions from different providers in past six months?

Yes

NO

If no, consider enrolling via website:

<http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/drug-control/ma-online-prescription-monitoring-program/>

Is the patient in violation of controlled-substance policy by any of the below items:

	YES	NO
Failing to arrived at scheduled follow-up appointments (either PCP or referred specialist)		
Failure to submit to requested urine testing or pill counts (or abnormal results on urine tox or pill count)		
Increasing dose of meds without discussing w. PCP		
Seeking early refills		
Calling after hours for refills		
Getting controlled substances from other healthcare providers without discussing with PCP		
Not treating staff respectfully		
Misrepresenting facts or failing to discuss info to providers		

OTHER:

If patient has violated narcotic contract, how many documented violations exist?

Is there evidence that the current regimen is helping control pain or improving quality of life? YES OR NO

Consider using PEG assessment

- Pain – decreasing pain?
- Enjoyment- better able to enjoy activities of life?
- General activity- improved activity levels?

Any side effects that could be potentially attributed to the controlled substance? Consider problems below that can result from opioid prescribing

Constipation	Sexual dysfunction	Lethargy/somnolence
Nausea/vomit	Respiratory depression	myoclonus
Pruritis	Urinary retention	Withdrawal symptoms

Any admissions or ED visits? If so, how many and what for?

Is there a plan in place to stop or decrease dose of controlled substance in future?

SUMMARY:

Level of Risk based on Opioid Risk Tool:_____

Recommended Level of Monitoring:_____

Evidence of Violation of Narcotic Contract?_____

Additional Comments:

How much time did it take to complete this form?