

Telus Practice Solutions Suite Management of Chronic Non-Cancer Pain Toolkit User Guide

The Centre for Effective Practice's Management of Chronic Non-Cancer Pain (CNCP) Toolkit for Telus Practice Solutions Suite is based on recommendations that follow the Management of Chronic Non-Cancer Pain Tool (2018) and align to the Best Practices for the Development of Effective Clinical Decision Support Systems for the Management of Chronic Pain in Primary Care (2024).

The tool is divided into the following sections Dashboard (pain summary, relevant past medical history and pain related investigations / consults) Assessment, Management: General, Management: Non-Pharmacological, Management: Pharmacological, and Patient Resources. This approach allows clinicians to conduct a complete assessment and provide a tailored management plan that incorporates the patient's goals, while adhering to current best practices in providing improved CNCP management overall.



Centre
for Effective
Practice



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About the Chronic Non-Cancer Pain Management tool


This tool is designed to help primary care clinicians develop and implement a management plan for adult patients with Chronic Non-Cancer Pain (CNCP). CNCP is defined as pain that typically persists or recurs for more than 3 months or past the time of normal tissue healing. This tool is focused on a multi-modal approach to manage CNCP and applies to – but is not limited to – pain conditions such as osteoarthritis (OA), low back pain (LBP), musculoskeletal (MSK) pain, fibromyalgia (FM) and neuropathic pain (NP). Clinicians should use non-pharmacological options, with or without pharmacological options, to build a comprehensive and personalized plan that incorporates the patient's goals. **This tool can be used as both a baseline and follow up tool.** It is recommended to be completed first to conduct a thorough assessment of the CNCP diagnosis and establish an appropriate pain management plan. **Please note that this is not a diagnostic tool.** It may take multiple visits to complete the tool depending on clinical workflow and preference. Information previously documented in the form will populate into the next use of the tool, if completing over more than one visit.

Key Features & Functionalities

Additional Information Icon

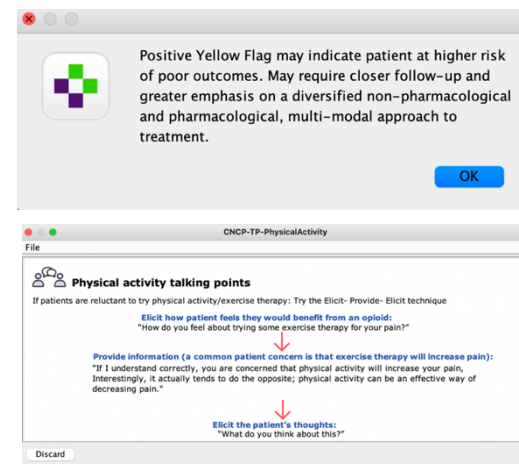
 Used throughout the tool, click on the Additional Information icon to reveal further details, explanation, and guidance to support clinicians in their use of the tool.

Talking Tips Icon

 Used throughout the tool, click on the Talking Tip icon to reveal talking points and guidance on how to engage in challenging conversations with patients about specific treatment options and considerations.

Stamp Text

Throughout the tool, stamp text has been added to ease the burden of charting by prepopulating suggestions and recommendations on how to initiate, adapt and evaluate different exams, therapies, and treatment options. Tab over what you want to include in the notes and delete what you don't want.



Psychological therapies (Indicated for: FM, LBP, headaches, OA, neck pain, rheumatoid arthritis, NP)

«Recommended:» «Encouraged ongoing use of:» «CBT,» «Mindfulness Based Intervention (MBI),» «Acceptance Commitment Therapy (ACT),» «Respondent Behavioural Therapy» «Recommended:» «breathing exercises and techniques» «Referral to:» «psychotherapist,» «social worker,» «occupational therapist,» «other____»

Copy From Prior

Throughout the tool, [Copy section from prior visit](#) can be selected to ease the burden of documentation by pulling in the last visit's details / plan and allowing clinicians to simply update and adjust for that day's visit.

OceanMD eForms

If you are using OceanMD Tablets, the patient facing questionnaires (i.e. BPI, PHQ-9, GAD-7) used in the tool can be completed in advance of the patient's appointment using an OceanMD tablet and the results will be captured and pushed to the form.

Printing / Faxing

This tool can be printed / saved as a pdf by selecting the **Print form** button. To fax the tool, the clinician must first print /save as a pdf the tool and then fax it over to the relevant destination.

Mar 12, 2024

Chronic Non Cancer Pain Tool

MG

Chronic Non-Cancer Pain Tool

Last visit: Mar 12, 2024 First visit: Jan 12, 2024

Print form

Management of CNCP Form

The CEP CNCP tool is based on synthesized high-quality guidelines. [For the list of evidence sources used click here.](#)

Work with your patients to identify and understand the complex bio-psycho-social elements involved in their pain and emphasize the value of a multi-modal approach to manage their pain. Management is often a process of repeated trials to determine the effects of specific treatments and can take a few months or years to optimize. Once a treatment plan is identified, initiate, adapt and evaluate how it improves daily function, pain, mood and quality of life, while assessing the risks/benefits for long-term use. It is also important to optimally manage any active underlying health issues related to a patient's pain (e.g., diabetes, inflammatory arthritis).

Legend

- More information
- Talking tip

Dashboard

Pain Summary | Relevant Past Medical History | Pain Related Investigations / Consults

Headaches
Osteoarthritis (OA)
Low Back Pain (LBP)
Myofascial Pain

Fibromyalgia (FM)
Neuropathic Pain
Other

Metrics	Latest value	Date	Frequency (months)	Update:
Pain Severity Score		due	12	Open BPI Tool
Pain Interference Score		due	12	Open BPI Tool
PHQ-9		due	12	Open PHQ-9 Tool
GAD-7		due	12	Open GAD-7 Tool
UDS		due	12	Open Lab Req

Assessment | Management: General | Management: Non-Pharmacological | Management: Pharmacological | Patient Resources

[Copy section from prior visit](#)

Tool Overview

When inserting the custom form into the chart, the **Chronic Non Cancer Pain tool** will appear as follows:

Mar 12, 2024

Chronic Non Cancer Pain Tool

MG

CEP

Centre for Effective Practice

Chronic Non-Cancer Pain Tool

eHealth

Last visit: Mar 12, 2024

First visit: Jan 12, 2024

Print form

Management of CNCP Form

The CEP CNCP tool is based on synthesized high-quality guidelines. [For the list of evidence sources used click here.](#)

Work with your patients to identify and understand the complex bio-psycho-social elements involved in their pain and emphasize the value of a multi-modal approach to manage their pain. Management is often a process of repeated trials to determine the effects of specific treatments and can take a few months or years to optimize. Once a treatment plan is identified, initiate, adapt and evaluate how it improves daily function, pain, mood and quality of life, while assessing the risks/benefits for long-term use. It is also important to optimally manage any active underlying health issues related to a patient's pain (e.g., diabetes, inflammatory arthritis).

Legend

More information

Talking tip

Dashboard

Pain Summary

Relevant Past Medical History

Pain Related Investigations / Consults

Headaches

Osteoarthritis (OA)

Low Back Pain (LBP)

Myofascial Pain

Fibromyalgia (FM)

Neuropathic Pain

Other

Metrics	Latest value	Date	Frequency (months)	Update:
Pain Severity Score		due	12	Open BPI Tool
Pain Interference Score		due	12	Open BPI Tool
PHQ-9		due	12	Open PHQ-9 Tool
GAD-7		due	12	Open GAD-7 Tool
UDS		due	12	Open Lab Req

Assessment

Management: General

Management: Non-Pharmacological

Management: Pharmacological

Patient Resources

Dashboard

The dashboard contains the tab to capture the patient's Pain Summary, Relevant Past Medical History and Pain Related Investigations and Consults. The dashboard can be used by clinicians to identify, and refer back on, the patient's relevant information during their patient visit(s).

Dashboard

Pain Summary

Relevant Past Medical History

Pain Related Investigations / Consults

Headaches

Osteoarthritis (OA)

Low Back Pain (LBP)

Myofascial Pain

Fibromyalgia (FM)

Neuropathic Pain

Other

Metrics	Latest value	Date	Frequency (months)	Update:
Pain Severity Score		due	12	Open BPI Tool
Pain Interference Score		due	12	Open BPI Tool
PHQ-9		due	12	Open PHQ-9 Tool
GAD-7		due	12	Open GAD-7 Tool
UDS		due	12	Open Lab Req

Pain Summary

The Pain Summary tab allows the clinician to collect and review information on the established pain diagnosis and the latest values to tools used to support and assess the patient's care and response to treatment(s). Clinicians can access the Brief Pain Inventory (BPI) assessment, the PHQ-9 assessment, the GAD-7 assessment and UDS screener from this section.

Dashboard

Pain Summary | Relevant Past Medical History | Pain Related Investigations / Consults

Headaches
Osteoarthritis (OA)
Low Back Pain (LBP)
Myofascial Pain

Fibromyalgia (FM)
Neuropathic Pain
Other

Metrics	Latest value	Date	Frequency (months)	Update:
Pain Severity Score		due	12	Open BPI Tool
Pain Interference Score		due	12	Open BPI Tool
PHQ-9		due	12	Open PHQ-9 Tool
GAD-7		due	12	Open GAD-7 Tool
UDS		due	12	Open Lab Req

By clicking on the different tools you can graph and review the history of scores to understand trends.

The latest values and date will pull, automatically, into the tool if previously used / completed.

Frequency is set, by default, to 12 months. You can adjust the frequency based on your clinical judgement and unique patient factors. Based on the frequency set, a visual reminder to assess the patient will trigger (e.g. "due").

Click to launch the patient screeners / questionnaires / requisitions to complete with the patient. All metrics will update once the form/chart has been refreshed.

File Patient Instructions Lock Clear Print Graph Explain

Depression (PHQ-9) Date: Mar 13, 2024

Patient Name: SUAP Follow-up CNCP Pt D.O.B: Feb 20, 1950 Age: 74 Sex: F Patient Id: 118

9 of 9 questions remaining

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed, or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling or staying asleep, or sleeping too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tired or having little energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor appetite or overeating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling bad about yourself – or that you're a failure or your family is a failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble concentrating on things, such as watching television or reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moving or speaking so slowly that other people could notice? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thoughts that you would be better off dead or of hurting yourself in some way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

File Patient Instructions Lock Clear Print Graph Explain

Anxiety (GAD-7) Date: Mar 13, 2024

Patient Name: SUAP Follow-up CNCP Pt D.O.B: Feb 20, 1950 Age: 74 Sex: F Patient Id: 118

7 of 7 questions remaining

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious, or on edge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to stop or control worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worrying too much about different things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble relaxing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being so restless that it's hard to sit still	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming easily annoyed or irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling afraid as if something awful might happen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

File Patient Instructions Lock Clear Print Graph Explain

Brief Pain Inventory Date: Oct 20, 2017 Time: 11:45AM

Name: Carla Chrysta Patti

8) In the past 24 hours, how much relief have pain treatments or medications provided? Please circle the one percentage that most shows how much relief you have received.

0% 10 20 30 40 50 60 70 80 90 100%
No relief Completely relieved

9) Circle the one number that describes how, during the past 24 hours, pain has interfered with your:

0 1 2 3 4 5 6 7 8 9 10
Does not interfere Completely interferes

A. General activity

B. Mood

C. Walking ability

3) Please rate your pain by circling the one number that best describes your pain at its worst in the past 24 hours.

0 1 2 3 4 5 6 7 8 9 10
No pain at all as bad as you can imagine

4) Please rate your pain by circling the one number that best describes your pain at its best in the last 24 hours.

0 1 2 3 4 5 6 7 8 9 10
No pain at all as bad as you can imagine

5) Normal work (includes both work outside the home and housework)

0 1 2 3 4 5 6 7 8 9 10
Does not interfere Completely interferes

6) Relations with other people

0 1 2 3 4 5 6 7 8 9 10
Does not interfere Completely interferes




7) Sleep

0 1 2 3 4 5 6 7 8 9 10
Does not interfere Completely interferes

Discard Add to history

Relevant Past Medical History

The Relevant Past Medical History tab allows the clinician to gain a better understanding of what the patient has done and or is currently doing in regard to their history and treatments related to their CNCP. This section reviews if there are any co-morbidities and mental health, function and social history, previous non-pharmacological treatment(s) and previous pharmacological treatment(s). **Note: This section does not auto-populate.** Clinicians must manually input the relevant history for the patient in question.

Dashboard		
Pain Summary	Relevant Past Medical History	Pain Related Investigations / Consults
Comorbidities & Mental health, functional and social history 	Previous non-pharmacological treatment(s) 	Previous pharmacological treatment(s) 
<div></div>	<div></div>	<div></div>

Pain Related Investigations / Consults

The Pain Related Investigations/Consults tab allows the clinician to gain a better understanding of what the patient has done and or is currently doing regarding investigation or consult options for their CNCP. This section reviews if there are any prior consults, labs or imaging. **Note: This section does not auto-populate.** Clinicians must manually input the prior pain related investigations or consults for the patient in question.

Pain Summary	Relevant Past Medical History	Pain Related Investigations / Consults
Add relevant information for each investigation		
Prior Consults	Prior Labs	Prior Imaging
<div></div>	<div></div>	<div></div>

Assessment

The Assessment tab allows clinicians to document all assessment information. This includes main reason for visit, subjective pain formation, brief pain inventory (BPI), pain scores, vitals, physical exam, yellow flags, substance use Hx and OUD risk assessment and space for additional notes.

Overview

Assessment Management: General Management: Non-Pharmacological Management: Pharmacological Patient Resources

[Copy section from prior visit](#)

Main reason for visit:

Subjective Pain Information:
<<Location:>> <<Duration:>> <<Character:>>

Brief Pain Inventory (BPI)
The sole focus on pain scales is controversial. The main focus should be coping with pain and the impact on daily function and activities.
[Open BPI assessment tool](#)

Score: i
Pain Severity Score: never done
Pain Interference Score: never done

Vitals
Latest value Date
BP:
HR:
RR:

Physical exam:

☐ Review Yellow Flags i
☐ Review Substance Use Hx and OUD Risk Assessment

Additional notes:

The **Physical Exam** field allows clinicians to document physical exam notes. Suggestions for specific examinations include musculoskeletal and neurological examination.

Vitals will pull, automatically, if previously completed.

Clinicians can complete the **Brief Pain Inventory (BPI)** tool in this section as well as the dashboard. **Pain Severity Score** and **Pain Interference Score** can be viewed through the assessment section as well as the dashboard.

Brief Pain Inventory

Date: Oct 20, 2017 Time: 11:45AM

Name: Carla Chrons Pain

1) Throughout our lives, most of us have had pain from time to time (such as minor headaches, sprains, and toothaches). Have you had pain other than these everyday kinds of pain today?
1. Yes 2. No

2) On the diagram, click on the areas where you feel pain.

3) Please rate your pain by circling the one number that best describes your pain at its worst in the past 24 hours.
0 1 2 3 4 5 6 7 8 9 10
No Pain at best or your own imagine

4) Please rate your pain by circling the one number that best describes your pain at its best in the last 24 hours.
0 1 2 3 4 5 6 7 8 9 10
No Pain at best or your own imagine


5) In the past 24 hours, how much relief have pain treatments or medications provided?
0% 10 20 30 40 50 60 70 80 90 100%
No Complete relief

6) Circle the one number that describes how, during the past 24 hours, pain has interfered with your:
A. General activity 0 1 2 3 4 5 6 7 8 9 10
Does not interfere Completely interferes
B. Mood 0 1 2 3 4 5 6 7 8 9 10
Does not interfere Completely interferes
C. Walking ability 0 1 2 3 4 5 6 7 8 9 10
Does not interfere Completely interferes
D. Normal work (includes both work outside the home and housework) 0 1 2 3 4 5 6 7 8 9 10
Does not interfere Completely interferes
E. Relations with other people 0 1 2 3 4 5 6 7 8 9 10
Does not interfere Completely interferes
F. Sleep 0 1 2 3 4 5 6 7 8 9 10
Does not interfere Completely interferes

Discard Add to Notes

Yellow Flags

The Review Yellow Flags sub-section indicates biomedical, psychiatric, and social yellow flags that **may** indicate that the patient is at higher risk of poor outcomes. This sub-section allows clinicians to assess and identify if there is any current yellow flags present in the patient.

<input checked="" type="checkbox"/> Review Yellow Flags 		
Biomedical Yellow flags	Psychiatric Yellow Flags	Social Yellow Flags
<input type="checkbox"/> Severe pain or increased disability at presentation	<input type="checkbox"/> Belief that pain indicates harm	<input type="checkbox"/> Low expectations of return to work
<input type="checkbox"/> Previous significant pain episodes	<input type="checkbox"/> Expectation that passive rather than active tx are most helpful	<input type="checkbox"/> Lack of confidence in performing work activities
<input type="checkbox"/> Multiple site pain	<input type="checkbox"/> Fear avoidance behaviour	<input type="checkbox"/> Heavier workload
<input type="checkbox"/> Non-organic signs	<input type="checkbox"/> Catastrophic thinking	<input type="checkbox"/> Low levels of control over rate of workload
<input type="checkbox"/> Latrogenic factors	<input type="checkbox"/> Poor problem-solving ability	<input type="checkbox"/> Poor work relationships
	<input type="checkbox"/> Passive coping strategies	<input type="checkbox"/> Social dysfunction/isolation
	<input type="checkbox"/> Atypical health beliefs	<input type="checkbox"/> Medico-legal issues
	<input type="checkbox"/> Psychosomatic perceptions	
	<input type="checkbox"/> High levels of distress	

Substance Use Hx & OUD Risk Assessment

The Substance Use History and Opioid Use Disorder Risk Assessment sub-section allows the clinician to assess and identify if there is or has been any history of substance use and or opioid use disorder indicators.

✓ Review Substance Use Hx and OUD Risk Assessment

Provider resource: [Urine Drug Testing \(BC centre on substance use\)](#)

To identify high risk patient consider:

- Individuals with current anxiety, depression, PTSD, current or past history of problematic alcohol or drug use
- Consider using the risk assessment tools:
 - [Open Opioid Risk Tool](#)
 - [Open PTSD Form](#)

- ☐ Patient is currently on Opioid
- ☐ Ordered/Conducted Urine Drug Screen (UDS) [Open Lab Req](#)
- UDS results: never done

Once selected, the Opioid Use Disorder (OUD) Assessment will reveal. The clinician can select the applicable patient specific clinical features of OUD to ensure appropriate documentation and relevant notes.

Once selected, a customized lab requisition will generate that the clinician can use to order **UDS Testing** or **Confirmatory UDS Testing**.

Selecting each test button on the top of the lab requisition will populate the appropriate work up for that test in the Other Tests section. Selecting the Clear button will clear all tests documented. The clinician can edit the requisition if needed (i.e. add other tests, remove preselected tests, etc.).

Ontario Ministry of Health and Long-Term Care
 Laboratory Requisition
 Requesting Clinician/Practitioner

Name: Tara Loneragan
 Address: 10B Victoria St. S
 Kitchener, ON N2G 1C5

Clinician/Practitioner Number: 612345
 CFSO / Registration No. 612345

Health Number: 123456789
 Date of Birth: 01/01/1980
 Sex: M

Province: ON
 Patient's Last Name (as per OHIP Card): Smith
 Patient's First & Middle Names (as per OHIP Card): John A.
 Patient's Address (Including Postal Code): 123 Main St, Kitchener, ON N2G 1A1

Additional Clinical Information (e.g. diagnosis):
☐ Chronic Pain ☐ Third Party / Uninsured ☐ VSB

☐ Copy to: Clinician/Practitioner
 Last Name: First Name:

Note: Separate requisitions are required for cytology, histology / pathology and tests performed by Public Health Laboratory

Biochemistry	Hematology	Viral Hepatitis (check one only)
<input checked="" type="checkbox"/> Glucose	<input checked="" type="checkbox"/> CBC	<input type="checkbox"/> Acute Hepatitis
<input type="checkbox"/> Random <input type="checkbox"/> Fasting	<input type="checkbox"/> Prothrombin Time (INR)	<input type="checkbox"/> Chronic Hepatitis
<input type="checkbox"/> HbA1C	<input type="checkbox"/> Immunology	<input type="checkbox"/> Immune Status / Previous Exposure
<input type="checkbox"/> Creatinine (eGFR)	<input type="checkbox"/> Pregnancy Test (hCG)	<input type="checkbox"/> Immunity A
<input type="checkbox"/> Urea Acid	<input type="checkbox"/> Mononuclear Screen	<input type="checkbox"/> Immunity B
<input type="checkbox"/> Sodium	<input type="checkbox"/> Rubella	<input type="checkbox"/> Immunity C
<input type="checkbox"/> Potassium	<input type="checkbox"/> Pregnancy Test (hCG)	<input type="checkbox"/> Immunity D
<input type="checkbox"/> ALT	<input type="checkbox"/> Repeat Prenatal Antibodies	<input type="checkbox"/> Immune Status / Previous Exposure
<input type="checkbox"/> ALP	<input type="checkbox"/> Microbiology ID & Sensitivity (if warranted)	<input type="checkbox"/> Immunity A
<input type="checkbox"/> Bilirubin	<input type="checkbox"/> Chlamydia (specify source)	<input type="checkbox"/> Immunity B
<input type="checkbox"/> Albumin	<input type="checkbox"/> Gonorrhea (specify source)	<input type="checkbox"/> Immunity C
<input type="checkbox"/> Lipid Assessment (includes Cholesterol, HDL-C, Triglycerides)	<input type="checkbox"/> Syphilis	<input type="checkbox"/> Immunity D
<input type="checkbox"/> Liver Function Tests (includes ALT, AST, ALP, Bilirubin)	<input type="checkbox"/> HIV (specify source)	<input type="checkbox"/> Immunity E
<input type="checkbox"/> Urinalysis (Chemical)	<input type="checkbox"/> HIV (specify source)	<input type="checkbox"/> Immunity F
<input type="checkbox"/> Urinalysis (Microscopic)	<input type="checkbox"/> HIV (specify source)	<input type="checkbox"/> Immunity G
<input type="checkbox"/> Urinalysis (Culture)	<input type="checkbox"/> HIV (specify source)	<input type="checkbox"/> Immunity H
<input type="checkbox"/> Urinalysis (Sensitivity)	<input type="checkbox"/> HIV (specify source)	<input type="checkbox"/> Immunity I
<input type="checkbox"/> Urinalysis (Resistance)	<input type="checkbox"/> HIV (specify source)	<input type="checkbox"/> Immunity J
<input type="checkbox"/> Urinalysis (Other)	<input type="checkbox"/> HIV (specify source)	<input type="checkbox"/> Immunity K
<input type="checkbox"/> Urinalysis (Other)	<input type="checkbox"/> HIV (specify source)	<input type="checkbox"/> Immunity L
<input type="checkbox"/> Urinalysis (Other)	<input type="checkbox"/> HIV (specify source)	<input type="checkbox"/> Immunity M
<input type="checkbox"/> Urinalysis (Other)	<input type="checkbox"/> HIV (specify source)	<input type="checkbox"/> Immunity N
<input type="checkbox"/> Urinalysis (Other)	<input type="checkbox"/> HIV (specify source)	<input type="checkbox"/> Immunity O
<input type="checkbox"/> Urinalysis (Other)	<input type="checkbox"/> HIV (specify source)	<input type="checkbox"/> Immunity P
<input type="checkbox"/> Urinalysis (Other)	<input type="checkbox"/> HIV (specify source)	<input type="checkbox"/> Immunity Q
<input type="checkbox"/> Urinalysis (Other)	<input type="checkbox"/> HIV (specify source)	<input type="checkbox"/> Immunity R
<input type="checkbox"/> Urinalysis (Other)	<input type="checkbox"/> HIV (specify source)	<input type="checkbox"/> Immunity S
<input type="checkbox"/> Urinalysis (Other)	<input type="checkbox"/> HIV (specify source)	<input type="checkbox"/> Immunity T
<input type="checkbox"/> Urinalysis (Other)	<input type="checkbox"/> HIV (specify source)	<input type="checkbox"/> Immunity U
<input type="checkbox"/> Urinalysis (Other)	<input type="checkbox"/> HIV (specify source)	<input type="checkbox"/> Immunity V
<input type="checkbox"/> Urinalysis (Other)	<input type="checkbox"/> HIV (specify source)	<input type="checkbox"/> Immunity W
<input type="checkbox"/> Urinalysis (Other)	<input type="checkbox"/> HIV (specify source)	<input type="checkbox"/> Immunity X
<input type="checkbox"/> Urinalysis (Other)	<input type="checkbox"/> HIV (specify source)	<input type="checkbox"/> Immunity Y
<input type="checkbox"/> Urinalysis (Other)	<input type="checkbox"/> HIV (specify source)	<input type="checkbox"/> Immunity Z

Other Tests - one test per line

☐ Add Pending Tests to Form
☐ Create Pending Tests from Form
☐ Print and Create Pending Tests
☐ Print

Clinical Features of Opioid Use Disorder (OUD)

Indicator	Examples	Notes:
<input type="checkbox"/> Altering the route of delivery	Injecting, biting or crushing oral formulations	
<input type="checkbox"/> Accessing opioids from other sources	Taking the drug from friends or relatives Purchasing the drug from the 'street' Double-doctoring	
<input type="checkbox"/> Unsanctioned use	Multiple unauthorized dose escalations Binge use rather than scheduled use	
<input type="checkbox"/> Drug seeking	Recurrent prescription losses Aggressive complaining about the need for higher doses Harassing medical office staff for faxed scripts or 'fit-in' appointments Nothing else 'works'	
<input type="checkbox"/> Repeated withdrawal symptoms	Marked dysphoria, myalgia, GI symptoms, cravings	
<input type="checkbox"/> Accompanying conditions	Currently addicted to alcohol, cocaine, cannabis, or other drugs Underlying mood or anxiety disorders are not responsive to treatment	
<input type="checkbox"/> Social features	Deteriorating or poor social function Concern expressed by family members	
<input type="checkbox"/> Views on the opioid medication	Sometimes acknowledges being addicted Strong resistance to tapering or switching opioids May admit to mood-leveling effect May acknowledge distressing withdrawal symptoms	

Additional Notes

The Additional notes field provides clinicians with space to document all additional notes relevant to the patient's assessment.

Additional notes:

Management

General

Treatment goals that the clinician and patient discuss together can be documented in the Management: General tab.

It is suggested that the goals be SMART: Specific, Measurable, Agreed-upon, Realistic and Time-based.

Assessment

Management: General

Management: Non-Pharmacological

Management: Pharmacological

Patient Resources

Pharmacotherapy is not the sole treatment option for pain. A treatment plan should be a multi-modal strategy. Consider using the PEER Decision Aid to support patients in their decision-making.

[Open PEER Decision Aid site](#)

First line treatment

First line treatment includes the use of non-pharmacological therapy and non-opioid medications to manage pain. Medication should be adjusted as needed, minimizing polypharmacy as required. Consider using the BPI to evaluate treatment on pain, function and mood.

Treatment goals

Work with the patient to identify goals towards which the patient would like to work to.


Use the SMART framework to help define goals.

[For more SMART goals guidance click here.](#)

1.

2.

3.



[Copy from prior visit](#)

Non-Pharmacological

The Non-Pharmacological Therapy tab provides the clinician with non-pharmacological therapy options for CNCP and recommendations about how to initiate, adapt and evaluate each therapy option.

Assessment

Management: General

Management: Non-Pharmacological

Management: Pharmacological

Patient Resources

Copy section from prior visit

Non-pharmacological treatments should be considered for all patients with CNCP. Choose treatments that you and the patient feel comfortable with and then initiate, adapt, and evaluate the treatment plan (use motivational interviewing techniques, as appropriate).

Discussed and counselled patient on:

Physical activity

«Recommended general activity and exercise therapies » «Recommended» «home and group physical activities» «Recommended low impact physical activity» «Encouraged pt to continue with the following: walking» «pilates» «Tai Chi» «yoga» «aquatic therapy» «Pt education: Start low and go slow (e.g. 5 min every other day) and aim for a moderate level of intensity of activity» «Encourage graded activity by:» «referral to physiotherapist»

Psychological therapies (indicated for: FM, LBP, headaches, OA, neck pain, rheumatoid arthritis, NP)

«Recommended:» «Encouraged ongoing use of:» «CBT,» «Mindfulness Based Intervention (MBI),» «Acceptance Commitment Therapy (ACT),» «Respondent Behavioural Therapy» «Recommended:» «breathing exercises and techniques» «Referral to:» «psychotherapist,» «social worker,» «occupational therapist,» «other_____»

Self-management Therapies (indicated for: FM, LBP, headaches, OA, neck pain, rheumatoid arthritis, NP)

«Recommended self-management program to complement other therapies» «Encouraged ongoing use of strategies from self management program» «Program details:»

Physical therapy (indicated for: LBP, neck pain, neuropathic pain)

«Recommended» «Encouraged continued use of the following for short-term relief of pain:» «Manual therapy» «TENS» «Low level laser therapy» «referral to:» «physiotherapist,» «chiropractor» «osteopath»

Additional Notes

The Additional Notes field allows the clinician to additional space to document and/or summarize their treatment plan for the patient.

Additional notes

Non-Opioid Medications

The Non-Opioid Medications sub-section provides clinicians with the option to prescribe non-opioid medication first, before prescribing opioid medications. Specific non-opioid medications are provided with additional dosage, tapering and potential harms information for each medication provided.

Non-opioid medications

Medications selection should be based on patient's pain type and professional judgment of risks/benefits. Start / titrate / taper / stop one medication at a time to allow for accurate monitoring of response or adverse effects.

Treatments with evidence of benefit are recommended for consideration/discussion as first options:

- For osteoarthritis: Intra-articular corticosteroids, serotonin norepinephrine reuptake inhibitors (SNRIs), oral NSAIDs, topical NSAIDs
- For chronic low back pain: Oral NSAIDs, spinal manipulation, TCAs, SNRIs
- For neuropathic pain: Gabapentinoids, SNRIs, rubefacients

Tip: Some antidepressants can have a role for neuropathic pain, as well as for nociceptive pain, such as osteoarthritis

Plan- «start:» «taper:» «titrate:» «maintain:» «med name» «dose» «length of trial» «patient benefits» «adverse effects»
«discussed potential for side effect(s)» «discussed potential benefit(s)» «reviewed/referenced medication material»

[For Prescribing Decision Support and Guidance click here.](#)

Start Med will launch the Telus PS Suite prescription module to allow clinicians to generate the prescription for the patient.

Change Med will filter the patient's chart with any current medications so the clinician can easily adjust any prescribing information.

Medication Options reveals a list of non-opioid drug classes, names, pain types, harms, dosage, etc. to support clinician's in determining the appropriate prescription based on the individual patient's profile and needs.

Drug Class	Drug	Pain types ¹
General	Acetaminophen	Osteoarthritis (hip or knee)
Dosage Info		
	Nonsteroidal anti-inflammatory drugs (NSAIDs)	Low back pain
Dosage Info		
Anti-convulsants	Carbamazepine	1 st -line for trigeminal neuralgia (may also be used for general neuropathic pain)
	Gabapentin	Neuropathic pain (Amitriptyline or gabapentin are usually the first choice)
	Pregabalin	If amitriptyline or gabapentin are not effective/tolerated, pregabalin may be used as an alternative for neuropathic pain or fibromyalgia
Dosage Info		
Anti-depressants	Amitriptyline (nortriptyline or imipramine may be used if amitriptyline not effective) ¹	Neuropathic pain (Amitriptyline or gabapentin are usually the first choice)
	Duloxetine	Neuropathic pain due to diabetes, fibromyalgia, or osteoarthritis
Dosage Info		
	Fluoxetine	Fibromyalgia
Topical	Topical NSAIDs	Musculoskeletal pain ¹ and osteoarthritis ¹
	Topical rubefacients	Musculoskeletal pain (if other drug treatments are not effective)
Dosage Info		

• Cannabinoids are not equivalent in effectiveness as anti-depressants or anti-convulsants¹⁸

Cannabinoid forms that can be considered for neuropathic pain:¹⁸

- Synthetic tetrahydrocannabinol (nabixin)
- Nabiloxime
- Dried cannabis (vaporizer or edible product)

Drug/drug class	Pain type	Evidence level	Role in therapy	Potential harms	Dosage ^a	Tapering**
Acetaminophen	Osteoarthritis (hip or knee), in addition to non-pharmacological treatment	...	Should be considered for hip or knee osteoarthritis (alone or in combination with NSAIDs), in addition to non-pharmacological treatments	<ul style="list-style-type: none"> • Can be hepatotoxic at doses of greater than 3–4 grams/day and at lower dosages in patients with chronic alcohol use or liver disease⁴ • Consider liver function tests (LFTs) if hepatic risk (history of liver problems or alcohol abuse, long-term use)⁴ • Reduce dose in liver insufficiency or alcohol dependence⁴ • Many medications (e.g., over the counter cough and cold and pain relief products) contain acetaminophen; read the label and avoid exceeding maximum dose⁴ 	<ul style="list-style-type: none"> • 1000–4000 mg/day¹ • Dose provided in product labelling (maximum 4000 mg/day) is for short-term treatment (5 days)⁴ • There is greater risk (including GI adverse events and multi-organ failure) from acetaminophen with extended duration of use—use conservative dosing and treatment duration⁷ 	Tapering not required

Opioid Medications

The Opioid Medications sub-section allows the clinician to document the reason(s) why the patient meets the criteria for an opioid prescription, provides watchful dose information, tapering information and a flowsheet to view current opioid prescriptions documented within the EMR, with start date and dose information included. As per best practice, guidance and cautious considerations are flagged to clinicians in advance of confirming / prescribing an opioid medication and are **prompted to confirm that the patient meets opioid prescribing eligibility criteria**.

For documentation purposes, specific and tailored recommendations and **treatment options are provided and individualized to the patient (currently on opioids, currently NOT but considering opioid, not warranted)**.

Opioid Medications

Non-opioid treatments are considered first-line in managing CNCP. Opioids should be used only if non-opioid treatments have failed or cannot be used and should be combined with non-pharmacological treatments and non-opioid medications as appropriate.

There is no linear pathway or hierarchy for CNCP treatment options. Lack of response to non-opioid treatment does not necessarily mean that a patient must move on to opioid-based therapies.

Consider avoiding opioids for these conditions, as harms likely exceed benefits:

- Osteoarthritis
- Chronic low back pain
- Neuropathic pain

Opioids should be reserved for patients that meet the following criteria:

- A biomedical pain diagnosis, with evidence for an indication of opioids
- Non-opioid treatments have been trialed or are being trialed concurrently
- Pain is severe enough to interfere with daily function
- Patient has low risk of opioid use disorder

Before trying opioids, it is not necessary to sequentially "fail" non-pharmacological or non-opioid pharmacological therapies; however, interventions where benefits likely exceed harms should generally be prioritized more highly. There is no high quality evidence showing that opioids improve pain or function with long term use.

The following is meant to provide guidance for treatment options for when assessing current and new opioids:

☐ PT is currently on Opioid(s)
OR
☐ PT is currently NOT on Opioid but considered
OR
☐ PT does not warrant consideration for Opioids at this time

Additional notes

[Start Med](#) Plan- «start:» «taper:» «titrate:» «maintain:» «med name:» «dose:» «length of trial:» «discussed potential for side effect(s):» «discussed potential benefit(s):» «reviewed/referenced medication material»
[Change Med](#) «patient benefits:»
[Insert last note](#)

Clinician Tools/Resources:

- Strategies to prevent OUD
- Tapering meds
- Opioid Treatment Agreement
- Opioid Conversion Table

A curated list of relevant clinician tools / resources are easily accessible to guide clinicians on strategies to prevent OUD, practical support on how to taper opioids, quick access to an opioid treatment agreement and an

Start Med will launch the Telus PS Suite prescription module to allow clinicians to generate the prescription for the patient.

Change Med will filter the patient's chart with any current medications so the clinician can easily adjust any prescribing information.

Oct 3, 2017
Start: oxycodone (Oral) as directed Quantity: 1 tablet No Refills

Only Treatments -
TLO

Patient Resources

The Patient Resources tab is a curated list of relevant, useful, and appropriate resources and supports to promote patient education and encourage self-management.

Assessment

Management: General

Management: Non-Pharmacological

Management: Pharmacological

Patient Resources

Select the resources below that you would like to share with the patient. You can also click the links below to open the resource to print or share via email.

☐

Introduction to Mindfulness for Chronic Pain

Visit webpage

☐

Power over pain

Visit webpage

☐

Understanding and rethinking chronic pain for patients

Visit webpage

☐

Exercise videos (Pain BC)

Visit webpage

☐

Exercise videos (Dr Andrea Furlan)

Visit webpage

☐

Understanding low back pain (Dr. Mike Evans)

Visit webpage

☐

RAC LBP Exercise videos

Visit webpage

☐

Ecouch

Visit webpage

☐

Fact Sheet: Chronic Pain (PDF)

Visit webpage

☐

The Arthritis Society of Canada: managing Chronic Pain

Visit webpage

☐

RNAO Fact Sheet: Helping people manage their pain

Visit webpage

☐

Canadian Pain Coalitions- Pain Resource Centre

Visit webpage

☐

Prescription opioids: What you need to know (CDC)

Visit webpage

☐

Messages for patients taking opioids (McMaster University)

Visit webpage

☐

Best Advice for people taking opioid medications (Mike Evans)

Visit webpage

☐

Opioid Pain Medicines Information for Patients and Families (ISMP Canada Opioid Stewardship)

Visit webpage

Copy section from prior visit

Print or Email

Feedback & Support

If you require any support in using the EMR tool in your Telus PS Suite or have any feedback or suggestions on how we can improve this tool to better suit you or your patients' needs, please info@cep.health.