Learner tasks:
1. Evaluate patient’s risk factors for opioid misuse using history incorporating PMP and toxicology screen data.
2. Develop a treatment plan for patient’s acute pain episode using opioids and non-opioid pharmacologic and non-pharmacologic treatment in a way that adjusts for baseline opioid tolerance.
3. Build a partnership with the patient to implement an enhanced monitoring plan to follow up on her pain management and aberrant medication behaviors that is commensurate with observed level of risk including discussion of opioid treatment agreement.
4. Counsel the patient on the signs and symptoms of withdrawal and overdose, and prescribe a nasal naloxone overdose reversal kit for family members using the patient handout on overdose prevention, naloxone use.
5. Discuss the risks of taking opioids in amounts greater than instructed and in combination with other sedating pharmaceuticals (benzodiazepines).
Students use this space to record feedback for your peer and collect any points to support your own ongoing learning.

Notes/Observations:

Key Points:

- Monitoring for opioid misuse includes a history of behaviors (such as taking other patients’ meds, self-escalating doses), functional assessment and objective sources (PMP, urine toxicology screen, pill counts) over time.

- Patient-centered approach to prescribing opiates must include periodic review of patient-provider agreement, safe storage and disposal of unused medications, counseling regarding risks, benefits and side effects of treatment, and consequences of misuse including discontinuation of opioids.

- Co-prescribing of nasal naloxone should be considered for all patients receiving chronic opioid prescriptions.