EMR template text for the A/P of a Soap Note when seeing a patient for acute non cancer pain and considering opioid prescribing for same.

***** *An important note that this template is intended for use by healthcare practitioners. If you are a healthcare practitioner, please recognize that you should use caution to adapt the material to be most appropriate to your practice scenario, the patient in front of you, and any licensing requirements you are subject to. Check the dates on the materials, and make sure that they are still relevant. I assume no responsibility for use of these materials, and share them here in the spirit of collaboration and increasing open access to primary care learning and practice tools.*

A/
acute pain from MSK injury [specific cause of pain] sustained on [date].

P/
-patient is well known to me // I do not have a pre-existing clinical relationship with this patient
-Pharmanet was consulted and found to be consistent with patient report // was not consulted because [provide explanation why not]

-patient is OPIOID NAIVE, i.e. has not been prescribed opioids in last 6 months per patient report, my record and Pharmanet

-we reviewed evidence for treatment of similar injuries in study populations , i.e. per TI Letter #125, very limited evidence of benefit and known adverse effects including sedation, GI upset, constipation, dependence, etc (ref: https://www.ti.ubc.ca/2020/06/04/125-can-prescribers-avoid-contributing-to-opioid-use-disorder/)

-a short OPIOID-SPARING prescription will be provided today (the principles of 2019 CPSBC Safe Prescribing of Opioids and Sedatives Practice Standard have been applied to this approach).

RATIONALE FOR OPIOID PRESCRIPTION
-patient has trialed OTC pain meds with minimal effect // patient's injury is significant, and is possible that OTC measures will be inadequate AND patient is experiencing pain that is preventing adequate rest/sleep // attention to own personal hygiene/care // work performance // care of dependents

EXPECTATIONS AND GOALS OF TREATMENT:
-patient is aware that the expectation is that this medication will only be required for 1-5 days
-patient is aware that pain from this condition is usually limited to a few days to a few weeks, and typically gets better everyday
-patient is aware that they will likely experience only a small reduction in their pain from any treatment (not complete relief), including from a prescribed opioid, and have agreed we will know if the prescribed opioid is working if: sleep is improved and/or able to reform daily activities with minimal discomfort and / or able to engage in physiotherapy/exercise

-MED SAFETY
-patient is aware that taking benzodiazepines or z-drugs at the same time as this drug increases the chance of severe adverse reaction or death. I have advised them NOT to take any such medications during this prescription.
- patient instructed to ensure safe storage of the medication, not to exceed dose advised in this prescription and return unused medication to pharmacy for safe disposal.

-DISCONTINUATION
-patient has agreed that we will determine the opioid not working or problematic if: there is no improvements to sleep, activity or comfort, or if patient has escalating pain or if dose required increases. and patient agrees to return for reassessment
-patient understands when/if to be reassessed by MD for additional assessment and/or possible change in therapy

-ADDITIONAL TREATMENT STRATEGIES DISCUSSED TODAY
-acetaminophen 325-650mg QID // ibuprofen 200-400mg QID //ice/hear x 10 min prn
-referred to physiotherapy (patient has benefits to facilitate this treatment // no financial barriers // financial barriers
-patient given the handout: https://www.ismp-canada.org/download/OpioidStewardship/Opioids-ShortTermPain-EN.pdf

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