

Opioid tapering follow-up visits

This form is designed to help primary care providers document the patient's tolerance to tapering. If the patient is experiencing a high degree of withdrawal symptoms, consider adjusting the rate of taper, pausing the taper, treating withdrawal symptoms or monitoring if the patient is tolerating symptoms and is motivated to continue.

Baseline details

Patient name:	DOB:
SMART goal(s):	Progress to goal(s):

Follow-up patient assessment

Check for:			
<input type="checkbox"/> Brief Pain Inventory (BPI) Scores			
<input type="checkbox"/> Pain (BPI scores for 3 domains, 0–10):	Domain score 1:	Domain score 2:	Domain score 3:
<input type="checkbox"/> Function (BPI score, 0–10):	Domain score:		
<input type="checkbox"/> General Activity (BPI score, 0–10):	Domain score:		
<input type="checkbox"/> Mental health stability: Consider slowing down or pausing the taper in the presence of a mental health issue.			
<input type="checkbox"/> PHQ-9 _____			
<input type="checkbox"/> GAD-7 _____			
<input type="checkbox"/> Ask patient if they are taking over-the-counter products (e.g. herbals, acetaminophen, NSAIDs):			
Notes:			

Management plan

Withdrawal symptoms to consider	Management (see Withdrawal symptoms & management)	Notes
<input type="checkbox"/> Blood pressure: / mmHg		
<input type="checkbox"/> Sweating (hot or cold flushes)		
<input type="checkbox"/> Restlessness		
<input type="checkbox"/> Pupil size		
<input type="checkbox"/> Bone, muscle or joint aches		
<input type="checkbox"/> Rhinitis or excessive tearing (not caused by cold symptoms or allergies)		
<input type="checkbox"/> Gastrointestinal upset or abdominal cramps <ul style="list-style-type: none"> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Nausea/vomiting 		
<input type="checkbox"/> Tremor observation of outstretched hands		
<input type="checkbox"/> Insomnia		
<input type="checkbox"/> Yawning		
<input type="checkbox"/> Anxiety or irritability		
<input type="checkbox"/> Gooseflesh skin (piloerection)		
<input type="checkbox"/> Other symptoms		

Pain management plan*

Physical activity	Activity:	Notes:
	Frequency:	
	Duration:	
Self-management/ psychological therapy	Therapy:	Notes:
	Frequency:	
	Duration:	
Non-opioid medication	Dosing:	Notes:
	A/E:	
	Adherence:	
Referral	<input type="checkbox"/> Specialist <input type="checkbox"/> Multi-disciplinary clinic <input type="checkbox"/> Intervention procedure	Notes:

*For a full pain management plan please see [Management of Chronic Non-Cancer Pain](#) tool

After you have assessed how well the patient is tolerating tapering, determine if they are ready to continue with the taper as planned at this time or decide if you will need to deviate from the plan or pause the taper.

If the patient is NOT tolerating the taper please consider:

<input type="checkbox"/> Pause taper
<input type="checkbox"/> Change taper
<input type="checkbox"/> Rate (percentage or frequency):
<input type="checkbox"/> Duration:
<input type="checkbox"/> Other:
<input type="checkbox"/> Planned next visit:

If the patient is tolerating the taper, please consider:

<input type="checkbox"/> Current opioid dose:
<input type="checkbox"/> Week of taper:
<input type="checkbox"/> Next planned opioid dose:
<input type="checkbox"/> Planned next visit: