



Risk Management Step 4: Risk Monitoring

At Every Clinical Contact

- + Behavioral Aberrancies
 - + Reported by the patient – Clinical Opioid Misuse Measure ([COMM](#)) useful
 - + Observed by the medical provider
- + Current opioid amount: [Practical Pain Management Opioid MME Calculator](#)

Frequency According to Stratified Level Controlled Substance Use Risk

- + Online prescription database review
- + Drug testing – typically, urine or oral fluid*
- + Goal attainment
- + Remaining product (pills, capsules, tablets, films, patches) count
- + Oxygenation status
- + EKG for QTc if methadone is prescribed

* Drug screening with urine point of care (POC) methodology is fraught with false positives and false negatives. Nonetheless, it is a valuable “conversation starter”. Depending on the level of controlled substance risk, clinical impression at the time of the clinical contact, and/or uncertainty about POC validity, submission of the urine for definitive testing (GC/MS or LC/MS-MS methodology) should be done.

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Developed in collaboration with Stader Opioid Consultants.