

SAFE & EFFECTIVE PAIN CONTROL Screening Checklist

APPROPRIATE USE FOR PAIN CONTROL	
Will the patient need opiod pain medication after surgery?	☐ Yes ☐ No
If YES:	
☐ Inform the patient about the risks of opioids	
☐ Consider multimodal pain control	
 Review care plan, including use of the ACS Safe & Effective Pain Control after Surgery Education Sheet 	
☐ Review opioid medication for risk of inducing delirium	
EXPERIENCE WITH PAIN MEDICATION	
Does the patient have a history of chronic (three months or longer) opioid use?	☐ Yes ☐ No
If YES:	
$\hfill \Box$ Consider pain service referral prior, during, and after hospitalization	
ASSESSMENT FOR UNUSED PAIN MEDICATIONS	
Is the patient expected to use opioid medication after discharge from the hospital or surgical center?	☐ Yes ☐ No
If YES:	
☐ Review tapering process	
☐ Provide information about safe disposal and/or safe return of unused op	ioids

IMPORTANT NOTICE

These sample checklists are provided for informational purposes only and should NOT be used in the care of a patient outside of a comprehensive preoperative program such as Strong for Surgery. Patients should not rely on information on this checklist as an alternative to medical advice from a doctor or other professional health care provider. The logos on the checklists are registered trademarks of Strong for Surgery and SCOAP. To find out how you can start using the Strong for Surgery checklist in your clinic, please contact us at strongforsurgery@facs.org.

