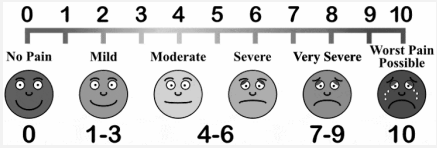
Assessment for Pain (PEG) Cheat Sheet

by [deleted] via cheatography.com/2754/cs/11840/

Introduction

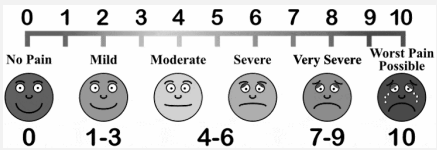
PEG: A Three-Item Scale Assessing Pain Intensity and Interference

1. Pain Level on Average Past Week



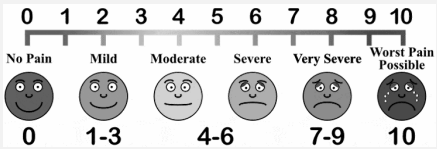
1. What number best describes your pain on average in the past week?

2. How Pain has Interfered



What number best describes how, during the past week, pain has interfered with your enjoyment of life?

3. How Pain Interfered with General Activities



What number best describes how, during the past week, pain has interfered with your general activities?

Computing the PEG Score

To compute the PEG score, add the 3 responses to the questions above, then divide by 3 to get a final score out of 10. The final PEG score can mean very different things to different patients. The PEG score, like most other screening instruments, is most useful in tracking changes over time. The PEG score should decrease over time after therapy has begun

Checklist

Checklist (cont)

When REASSESSING at return visit

Continue opioids only after confirming clinically meaningful improvements in pain and function without significant risks or harm.

☐ Assess pain and function (eg, PEG); compare results to baseline.

☐ Evaluate risk of harm or misuse:

- Observe patient for signs of over-sedation or overdose risk.
  - If yes: Taper dose.
- Check PDMP.
- Check for opioid use disorder if indicated (eg, difficulty controlling use).
  - If yes: Refer for treatment.

☐ Check that non-opioid therapies optimized.

☐ Determine whether to continue, adjust, taper, or stop opioids.

☐ Calculate opioid dosage morphine milligram equivalent (MME).

- If ≥ 50 MME/day total (≥50 mg hydrocodone; ≥ 33 mg oxycodone),

increase frequency of follow-up; consider offering naloxone.

- Avoid ≥ 90 MME /day total (≥ 90 mg hydrocodone; ≥ 60 mg oxycodone),or carefully justify; consider specialist referral.

☐ Schedule reassessment at regular intervals (≤ 3 months)

When CONSIDERING long-term opioid therapy

Set realistic goals for pain and function based on diagnosis (e.g, walk around the block).

☐ Check that non-opioid therapies tried and optimized.

☐ Discuss benefits and risks (eg, addiction, overdose) with patient.

☐ Evaluate risk of harm or misuse.

- Discuss risk factors with patient.
- Check prescription drug monitoring program (PDMP) data.
- Check urine drug screen.

☐ Set criteria for stopping or continuing opioids.

☐ Assess baseline pain and function (eg, PEG scale).

☐ Schedule initial reassessment within 1– 4 weeks.

☐ Prescribe short-acting opioids using lowest dosage on product labeling; match duration to scheduled reassessment.

If RENEWING without patient visit

☐ Check that return visit is scheduled ≤ 3 months from last visit