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OUR LABS:

Clinical Labs of America

Infinity Lab Toxicology

Liberty Lab Toxicology

National Toxicology

Pure Lab Toxicology

RX Compliancy Lab

Sunshine Toxicology

United Toxicology

US Toxicology

Ortho/Neuro - PROTOCOL MEDICATION MONITORING

Q: When should Medication Monitoring take place?

A: Medication Monitoring should be considered when:

- As part of a Preoperative workup to include Nicotine/Nicotine metabolites in patients undergoing spinal fusion or fracture fixation if tobacco use is suspected or known
- Any new RX for a controlled substance (scheduled II, III, or IV) start every 6 months for ANY patient receiving controlled substances
- Any patient who comes to the practice using these medications and requests refills
- For scheduled II's twice a year
- Any patient with documented or self- confessed history of illicit substance abuse in remission - test at least 4X/ year
- History of heavy use AND depression or other psychological disorders may warrant more frequent (4X/year) testing
- ANY new patient that comes to your facility for the first time baseline read
- Anytime you suspect abuse of medications or controlled substances
- Any current patient that we have prescribed a controlled substance and/or post operatively.

Q: What is the suggested frequency for medication monitoring?

- **A:** The American Pain Society suggests risk stratification for guiding your monitoring approach.
 - Patients at low risk for adverse outcomes and are on stable doses of opioids
 - Test at least once every 3 to 6 months
 - Patients with prior history of addictive disorder
 Patients with occupation demanding mental acuity
 Patients who are older with an unstable or dysfunctional social environment

Patients with comorbid psychiatric or medical conditions

- Testing may need to be conducted more frequently, at least for a period of time after initiation of therapy or changes in opioid doses
- Patients with very high risk for adverse outcomes
 - Testing on a weekly basis may be a reasonable strategy