

# Patient Reassessment Opioid Analgesic 4-A's+ Chart Note

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

## Current Analgesic Regimen

Drug	Dose	Frequency	Comments
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Reassessment Notes

**Analgesia** (average/best/worst pain intensity; % pain relief) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Adverse Events** (type/severity) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Activities of Daily Living** (functional status/relationships/mood) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Aberrant Drug-Related Behaviors** (type/severity) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**Monitoring Tests/Reports** (urine screens/pill counts/other) \_\_\_\_\_

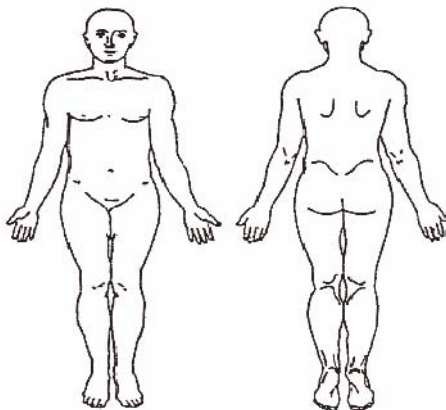
\_\_\_\_\_

**Assessment** (physical/psychological) \_\_\_\_\_

\_\_\_\_\_

**Physical Examination Findings** \_\_\_\_\_

\_\_\_\_\_



**Action Plan** (continue/adjust/discontinue therapy) \_\_\_\_\_

\_\_\_\_\_

**Comments** \_\_\_\_\_

\_\_\_\_\_

**Signature** \_\_\_\_\_