*Handover of patients in medium- and high-complexity groups with regard to drugs of dependence practice policy template*

To clarify the management of patients in various risk categories with regard to drugs of dependence.

For more information, please refer to the RACGPs [Prescribing drugs of dependence in general practice – Part A – Clinical Governance Framework](https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/prescribing-drugs-of-dependence/prescribing-drugs-of-dependence-part-a).

[Insert practice name] ‘s handover of patients in medium- and high-complexity groups with regard to drugs of dependence policy

*Current as of: [insert date of last revision]*

*Version no: [insert version number]*

*Review date: [insert date]*

This policy informs practice staff of the management of patients in various risk categories with regard to drugs of dependence.

It is our practice policy that all patients regularly using drugs of dependence have their problems/needs assessed based on levels of complexity (ie low, medium or high). Patients in medium- or high-complexity groups should have an appropriate specialist review. Practice policy requires that patients with medium- or high-complexity problems are managed in a manner consistent with the universal precautions of pain medicine. That is:

* a clear diagnosis and reasons for prescription are documented
* a full psychosocial assessment is conducted including risk of addictive disorders
* informed consent for treatment plans is used
* pre- and post-intervention assessment of pain level and function is undertaken
* opioid therapy +/– adjunctive medication is commenced on a trial basis
* levels of pain and function are constantly assessed
* the ‘five As’ of pain medicine (analgesia, activity, adverse events, aberrant behaviour, affect) are constantly assessed
* the diagnosis is periodically reviewed and comorbidities are managed appropriately
* the level of documentation standards needs to be high.

These practice standards are required to ensure the ongoing provision of care in the event of the absence of the patient’s usual doctor.

With respect to new patients presenting to the practice, or being referred by other agencies, it is our practice policy that:

* The practice reserves the right not to accept these patients if either the practice or the practitioner is of the view that the current treatment plan is inconsistent with evidence-based guidelines, and the level of complexity exceeds the practice’s capacity to manage the patient.
* If a doctor feels that a referral letter from an external agency does not meet handover standards, then communication should be sent to the original referrer seeking additional information (refer to *Appendix E.2* of the RACGPs *Prescribing drugs of dependence in general practice, Part A*).

Disclaimer

The information set out in this publication is current at the date of first publication and is intended for use as a guide of a general nature only and may or may not be relevant to particular patients or circumstances. Nor is this publication exhaustive of the subject matter. It is no substitute for individual inquiry. Compliance with any recommendations does not guarantee discharge of the duty of care owed to patients. The RACGP and its employees and agents have no liability (including for negligence) to any users of the information contained in this publication.

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