

## Universal Actions

- Communicate realistic expectations about anticipated pain
- Start with non-opioid options
- Consider using a risk assessment tool
- Weigh risks versus benefits
- Educate patient/family about opioid risks, safe use and disposal
- Check the PMP
- Use the lowest strength, short acting dose for shortest duration
- Offer naloxone to patients at risk of overdose
- Avoid “PRN” instructions, clearly explain how to take and stop opioids

## Risks for chronicity

- Second prescription or refill
- 700 cumulative MME
- Initial 10-30 day supply
- Long-acting opioids
- Tramadol
- Drug use disorder
- Mental health diagnosis
- Opioid prescription before age 18

## Red Flags for Opioid Use Disorder

- Signs of impaired control
- Signs of social impairment
- Risky use of opioids
- Predisposition to addiction
- Multiple prescribers
- Signs of tolerance or withdrawal

## Opioid prescribing community standards

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### When treating acute pain

- Avoid opioids if possible.
- Use scheduled acetaminophen and/or NSAIDs unless contraindicated
- Use the lowest strength, short-acting dose for the shortest duration in the initial opioid prescription, usually up to 100 MME
- For post-surgical pain, a prescription of 200 MME or less is often sufficient, using procedure-specific benchmarks.
- Provide patient with follow-up instructions, if the pain does not resolve as expected

### When treating post-acute or episodic pain

- Assess for risk of transition to chronic use, or risk of harm
- Assess for opioid use disorder
- Assess for biopsychosocial concerns influencing pain
- Verify patient understanding of how to use opioids
- Start and transition to non-opioid medications, as tolerated
- Support consistent messages about pain from all staff
- Limit the number of prescribers where possible.

### Additional considerations for postoperative pain

- Use patient-centered, procedure specific dosing
- Communicate plans during transitions to other facilities and across prescriber transitions (emergency department, primary care, rehabilitation, etc...)

### When treating chronic pain

- DO NOT ABRUPTLY STOP OPIOIDS without a clear plan
- Avoid initiating opioids for chronic pain
- Avoid prescribing opioids and benzodiazepines together
- Increase intensity of management commensurate with risks/comorbidities
- Limit the number of prescribers
- Screen for Red Flags for Opioid Use Disorder more frequently and provide immediate referral for intervention if treatment is needed.
- Regularly offer and discuss tapering options with patients
- Use chronic condition management tools and care plans to support patients
- Conduct routine case reviews