

GUIDELINES FOR PRESCRIBING OPIOIDS FOR ACUTE PAIN

The goal of these guidelines is to encourage the Washington state medical community to more safely prescribe opioids and to prevent the unintended or inappropriate long-term use of prescription opioid medications. The guidelines are not intended for patients who are in active cancer treatment, palliative care or end-of-life care. In addition, some modifications to the guidelines may be appropriate for patients following major surgery.

The following guidelines are based on guidelines from the Centers for Disease Control and Prevention and the Washington State Agency Medical Directors Group, available at: www.cdc.gov/drugoverdose/pdf/guidelines_at-a-glance-a.pdf and www.agencydirectors.wa.gov/Files/2015AMDGOpioidGuideline.pdf.

1 Do not prescribe opioids as first-line treatment for acute pain.

Opioids (including prescription opioid pain relievers and heroin) killed more than 28,000 people in 2014, more than any year on record. At least half of all opioid overdose deaths involve a prescription opioid.

2 Use evidence-informed pain care and opioid prescribing.

BEFORE PRESCRIBING:

- Talk to patients about a treatment plan. Discuss realistic goals for pain and function—help them to understand that pain is a normal part of life and healing. Make sure they know the significant risks associated with opioid use.
- Unless contraindicated, ensure non-opioid alternatives are considered prior to use of opioid medications, such as:
 - NSAIDs and acetaminophen, tricyclic antidepressants (TCAs), serotonin-norepinephrine reuptake inhibitors (SNRIs), anti-convulsants, heat/cold, exercise, massage therapy and cognitive behavioral therapy.
- Actively use the Washington State Prescription Monitoring Program (PMP) to review the patient's history of controlled substance prescriptions. Use the data to determine whether the patient is receiving opioid dosages or dangerous combinations that put them at high risk for overdose. Find out more here: www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/PrescriptionMonitoringProgramPMP.

IF YOU PRESCRIBE:

- Start low and go slow. Prescribe the lowest effective dosage for the shortest duration.
- Use immediate-release opioids.
- For acute pain prescribe no more than a 7-day supply of opioid medication for adults or a 3-day supply (or 10 pills maximum) for youth 20 years and younger.
- Avoid co-prescribing opioids, benzodiazepines (such as Xanax or Valium) and muscle relaxants (such as Soma or Flexeril) concurrently whenever possible.
- Avoid > 90 mg Morphine Equivalent Dose (MED)/day; refer to a pain specialist if more is being considered.
- Use a lower maximum dose threshold of 90 MED/day for chronic conditions.