STARTS WITH one

OPIOID PRESCRIBING GUIDELINES

Opioid pain medication can be highly addictive to patients. When prescribing opioids to patients, keep the following guidelines in mind:

Engage your patient in a pain management plan.

Have a conversation with your patient to learn more about their experience with pain. What do they do currently to manage pain? What seems to work best? What level of pain still allows them to function? What is their current level of pain now on a scale of 1–10?

Non-opioid strategies can be a safe and effective option for pain relief.

Over-the-counter medications* such as acetaminophen (like Tylenol) and non-steroidal anti-inflammatory drugs (like ibuprofen) should be considered and may be highly effective in relieving acute pain.

Heat and cold therapies: heating pads, ice packs, the RICE (Rest, Ice, Compression, Elevation) method.

Alternate therapies: physical therapy, occupational therapy, behavioral health services, massage, acupuncture.

A pain management specialist can recommend other, non-opioid prescription interventions.

Movement: walking, stretching, exercising, yoga, tai chi.

Apps for meditation or pain management: Headspace, Insight Timer, Curable.

Distracting the mind: making art, reading, listening to music or podcasts, watching TV, doing puzzles, spending time in nature.

*Notes on recommending over-the-counter medication:

- As a provider, you can recommend alternating acetaminophen and ibuprofen dosing, if not contraindicated, that can be highly successful in reducing your patient's acute pain.
- Emphasize to patients that they should only take the recommended dose: 1–2 capsules (325–650 milligrams) of Tylenol every 4–6 hours[1] and 1–2 capsules (200–400 milligrams) of ibuprofen every 4 hours.[2] Do not exceed 6 caplets of Tylenol in a 24-hour period. Not following the instructions can cause side effects.
- Medication safety is important with all medications. Remind your patients to follow provider and pharmacist recommendations, and manufacturer product guidance. They should report side effects to you promptly.
- Make sure they do not take ibuprofen with other NSAIDs,[3] and they should not take more than one product containing acetaminophen.[4]

Consider the health and well-being of the patient.

- Screen all patients for risk factors associated with addictive medications and consider the patient's **risk of dependency**, such as a history of substance use disorder with the patient or their family.
- Consider co-prescribing risk factors: is the patient currently prescribed benzodiazepines?
- Use the CDC Morphine Milligram Equivalent (MME) calculator when dosing opioids to safely prescribe lowest dose based on risk factors.[5]
- Also consider the patient's **overall health and medical condition** and their risk for adverse side effects.

1. Mayo Clinic (https://www.mayoclinichealthsystem.org/-/media/local-files/albert-lea/documents/peds/tylenol-dosing.pdf?la=en)
2. Mayo Clinic (https://www.mayoclinic.org/drugs-supplements/ibuprofen-oral-route/proper-use/drg-20070602)
3. Healthline (https://www.healthline.com/health/acetaminophen-and-ibuprofen)
4. U.S. Food & Drug Administration (https://www.fda.gov/consumers/consumer-updates/dont-double-acetaminophen)
5. Centers for Disease Control and Prevention (https://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf)

Consider the kind of pain when prescribing opioids.

- **Acute pain.**
  A low dose of opioid medication (50 MME/day) for a short duration (less than 3 days) can be an effective treatment for acute pain. When prescribing opioids, consider how long the pain will last and at what intensity, aiming to prescribe the lowest dose for the shortest possible time. A prescription of 7 days or more will rarely be required. Alternating Tylenol and ibuprofen can be a good alternative to opioids for acute pain.
- **Chronic pain.**
  Because they are highly addictive, opioids are not often recommended for the treatment of chronic pain.[6] NSAIDS, other pain medicine options, and other therapies should be explored. Also consider referring to a pain management specialist.

Talk to your patients about the risks of taking opioids.

- **Talk to your patients about the opioid epidemic.**
  Tell your patients it is easy to develop a dependency on opioids.
- **Reset expectations about pain medication.**
  Let patients know that pain is a normal part of the healing process. The focus is not 100 percent pain relief but helping the patient function while they are healing.
- **Talk about safe use of opioids.**
  Remind patients to follow their opioid prescription exactly and urge them to stop using opioid medication as soon as they no longer feel they need it to manage their pain.
- **Tell patients how to prevent opioid misuse.**
  Ask your patients if they have a way to lock up their opioid medication at home. If they don't, encourage them to purchase a medication locking bag online or at a pharmacy.
- **Urge patients to safely dispose of unused, expired, or unwanted medications.**
  Ask them if they know where to dispose of medications. If they don't, direct them to **MedTakeBackWashington.org** to find a safe disposal kiosk nearby.

Lowest dose, shortest possible time.

When prescribing opioids, **start low, go slow**. Many patients will find relief on a low dose of opioid medication (such as 50 MME/day). Start with immediate-release (IR) opioids. IR opioids are recommended over extended-release (ER) or long-acting (LA) products. Consult a specialist to support management of higher doses. Set an expectation with your patient to **discontinue opioids as soon as possible** and create a plan for them to taper off the opioids. Prescribing a lower dose allows you to **have a conversation** with your patient when or if they think they need more medication.

6. U.S. Department of Veterans Affairs
(https://www.va.gov/PAINMANAGEMENT/Opioid_Safety/OSI_docs/10-791-Safe_and_Responsible_Use_508.pdf)