

# Check-up for Acute Opioid Prescriptions

For short term pain. Most useful for surgery, less useful for low back pain and musculoskeletal injuries.

## Assess The Patient

### Alternative Solutions

- Acetaminophen and/or NSAIDs (oral, topical)
- Anticonvulsants (e.g., pregabalin, gabapentin)
- Antidepressants (e.g., amitriptyline, nortriptyline, and duloxetine)
- Non-drug therapy (heat, ice, massage, stretching, and rest)

### Anticipate Side Effects

- Constipation
- Nausea, vomiting
- Excess sedation
- Sleep apnea

GI side effects are more common with opioids than non-opioids

### Increased Risk of Overdose

Offer naloxone if any of the following are present:

- Chronic lung disease (asthma, COPD), sleep apnea
- Sedating agents (alcohol, benzos, muscle relaxants)
- Kidney, liver, and/or cardiac dysfunction
- History of overdose, illicit/recreational drug use
- Frail older adults
- People with children or teens at home

### Risk of Opioid Use Disorder *Opioid Risk Tool\**

- Family or personal history of substance use
- History of preadolescent sexual abuse
- Mental illness
- Age between 16 - 45 years

\*[http://nationalpaincentre.mcmaster.ca/opioid/cgop\\_b\\_app\\_b02.html](http://nationalpaincentre.mcmaster.ca/opioid/cgop_b_app_b02.html)

## Assess The Drug

### Calculate Morphine Equivalent Dose

- Try to stay below 50 MED for short term opioids

Opioid	50 MED
Morphine	50 mg/day
Codeine	334 mg/day
Hydromorphone	10 mg/day
Oxycodone	33 mg/day
Tapentadol	160 mg/day
Tramadol	300 mg/day

### Drug Choice

- Question prescriptions for fentanyl, meperidine, methadone, and pentazocine for acute pain as there are better choices

### Prescription Length

- Ideally less than 3 days, no more than 7
- Use for more than 7 days is associated with withdrawal and chronic use

### Prevent Diversion *Remind every patient:*

- Return unused opioids to the pharmacy
- Do not share with family or friends