



# General Considerations When Prescribing Opioids

- Consider nonpharmacological therapy for pain management (*see Community Resource Guide*)
  - physical therapy, yoga, chiropractic care, reflexology, low impact aerobic activity (e.g., biking or swimming at YMCA), cognitive behavioral therapy, relaxation, biofeedback, weight management, nutrition management, addressing social isolation
- Consider usage of non-opioid medications first. Use non-opioids alone or combined with opioids as indicated:
  - APAP, NSAIDs & COX-2 Inhibitors, TCAs (amitriptyline, nortriptyline, desipramine), SNRIs (duloxetine, milnacipran, venlafaxine), anti-convulsants (pregabalin, gabapentin, carbamazepine)
  - Procedures (eg, intra-articular corticosteroids)
- For acute pain, try to use opioids less than 3 to 7 days
- Use short acting opioids (hydromorphone, oxycodone, hydrocodone *only in combination with acetaminophen and ibuprofen*, oxymorphone, codeine)
- Use lowest opioid dosage possible
- Check history on Controlled Substance Data Base
- Evaluate need, risks and benefits of chronic opioid usage
- Educate patient on risks and limits of opioid therapy
- Document patient agreement contract for chronic opioid usage (*see Sample contract*)
- Limit or avoid usage of concurrent benzodiazepines
- Consider testing with UDS (Urine Drug Screening) followed by accurate interpretation
- Schedule regular follow up visits while treating with opioids
- Using extra precautions when increasing to **≥50 MME** per day such as:
  - Monitor and assess pain and function more frequently
  - Discuss dose reduction or taper & D/C if benefits don't outweigh risk
  - **Consider offering NALOXONE**
  - Consider a referral to pain specialist
- *Strongly* consider referral to pain specialist if opioid dosage **>90MME**, or as clinically indicated (*see Community Resource Guide*)
- Communicate with health care team (specialists, pharmacists, behavioral health, etc) as indicated
- Refer for behavioral health services when clinically indicated (*see Community Resource Guide*)
- Refer to Substance Abuse/Detox center when clinically indicated (*see Community Resource Guide*)

## Sample Opioid Weaning Protocol

- Wean by 10-25% of total opioid dose weekly
- See patient on a weekly basis while weaning
- Give patient a prescription for one (1) week supply at a time
- Use Clonidine 0.1 mg TID PRN agitation/ anxiety/ physical Sx due to withdrawal

Resource: [www.cdc.gov/drugoverdose/prescribing/guidelines.html](http://www.cdc.gov/drugoverdose/prescribing/guidelines.html), Gaston County Controlled Substances Coalition

*The Gaston Controlled Substances Collaborative provides evidence based clinical practice recommendations to healthcare professionals in our community. The recommendations do not indicate an exclusive course of action, or serve as a standard of medical care. Variations, taking individual circumstances into account, may be appropriate.*