# Acute Care Opioid Treatment and Prescribing Recommendations:

## Summary of Selected Best Practices

These recommendations are to be used as a clinical tool, but they do not replace clinician judgment.

## Surgical Department

**Preoperative Counseling:**

For patients not using opioids before surgery

- Discuss the expectations regarding recovery and pain management goals with the patient.
- Educate the patient regarding safe opioid use, storage, and disposal.
- Determine the patient’s current medications (e.g., sleep aids, benzodiazepines), and any high-risk behaviors or diagnosis (e.g., substance use disorder, depression, or anxiety).
- Do NOT provide opioid prescription, for postoperative use, prior to surgery date.

**Intraoperative**

- Consider nerve block, local anesthetic catheter or an epidural when appropriate.
- Consider non-opioid medications when appropriate (e.g., ketorolac).

**Postoperative**

- Meperidine (Demerol) should NOT be used for outpatient surgeries.
- If opioids are deemed appropriate therapy, oral is preferred over IV route.
- Ensure all nursing, ancillary staff and written discharge instructions communicate consistent messaging regarding functional pain management goals.

**For patients discharged from surgical department with an opioid prescription**

- The prescription drug monitoring program (PDMP) must be accessed prior to prescribing controlled substances schedules 2-5, in compliance with Michigan law.
- Non-opioid therapies should be encouraged as a primary treatment for pain management (e.g., acetaminophen, ibuprofen).
- Non-pharmacologic therapies should be encouraged (e.g., ice, elevation, physical therapy).
- Do NOT prescribe opioids with other sedative medications (e.g., benzodiazepines).
- Short-acting opioids should be prescribed for no more than 3-5 day courses (e.g., hydrocodone, oxycodone).
- Fentanyl or Long-acting opioids such as methadone, OxyContin and should NOT be prescribed to opioid naïve patients.
- Consider offering a naloxone co-prescription to patients who may be at increased risk for overdose, including those with a history of overdose, a substance use disorder, those already prescribed benzodiazepines, and patients who are receiving higher doses of opioids (e.g., >50 MME/Day).
- Educate patient and parent/guardian (for minors) regarding safe use of opioids, potential side effects, overdose risks, and developing dependence or addiction.
- Educate patient on tapering of opioids as surgical pain resolves.
- Refer to opioidprescribing.info for free prescribing recommendations for many types of surgeries.
- Refer and provide resources for patients who have or are suspected to have a substance use disorder.

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*Updated and Approved by the PDOAC June 26, 2018*