



Safer Opioid Prescribing

Opioid Stewardship Program

STEP 1 What is the **indication**?



STEP 2 Does the patient have any **risk factors** for adverse events?

Opioid naive, elderly, cognitive impairment
Increased sensitivity to opioid effects puts patients at increased risk of adverse events

Lung/respiratory disease
Pre-existing lung disease & reduced respiratory reserve puts patients at increased risk of respiratory depression

Renal or hepatic impairment
Accumulation of medication puts patients at higher risk of adverse events

Mental illness or substance use disorder(s)
Patients with these pre-existing conditions are at increased risk of long-term opioid dependence

Concurrent sedating medications
Additive CNS depression puts patients at increased risk of adverse events

Opioid Risk Tool



STEP 3 Are there any **non-opioid alternatives** you could use for **multimodal analgesia**?

acetaminophen
325-975 mg PO or PR QID

NOTE
Cirrhosis *without* active alcohol use: maximum less than 2g/day
Cirrhosis *with* active alcohol use: avoid

NSAIDs

NOTE
CV disease: limit to short-term use
High risk GIB or liver impairment: short-term celecoxib or diclofenac gel
Renal impairment: diclofenac gel

Topical	Oral
diclofenac BID-QID 1.16%, 2.32%, 10%	ibuprofen 300-600 mg PO TID naproxen 125-500 mg PO BID celecoxib 100-200 mg PO BID

Neuropathic pain agents

e.g. gabapentin, pregabalin, DULoxetine, venlafaxine, nortriptyline, etc.

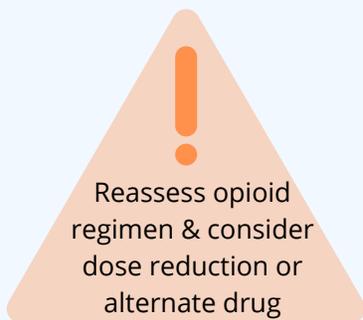
STEP 4 Writing an opioid prescription

Choose HYDRomorphine in patients with renal impairment & Avoid combinations of different opioids for acute pain	Drug	Use low initial doses for patients who are opioid naive and/or have risk factors for adverse events (STEP 2) <small>*See reverse for initial dosing recommendations in opioid naive patients</small>	Dose
PO preferred unless the patient is unable to tolerate oral intake	Route	Set a target stop date Opioids for acute pain should be limited to 5 days	Duration



STEP 5

Monitoring & management of opioid-related adverse effects



CNS & respiratory depression

POSS score -3: no more opioids
POSS score -4: administer naloxone

naloxone should be ordered for every patient prescribed opioids

Renal & liver function

if worsening renal and/or liver function:
consider dose reduction

Constipation

consider sennosides or bisacodyl or glycerin suppository

Bowel protocol should be ordered for every patient prescribed opioids

Pruritus

consider alternative drug

diphenhydramine only under exceptional circumstances due to concomitant sedation

Nausea

consider dose reduction

dimenhydrinate, metoclopramide, ondansetron

STEP 6

Discharge planning

Re-evaluate opioid use within past 24-48 hours



Frequent PRN opioid use

Reassess pain control, optimize opioid-sparing agents, optimize regular opioid regimen



Risk factors for opioid misuse or dependence?

Limit quantity/frequency of opioid dispensing, connect with community team for follow-up



Prolonged duration of opioid use

Prescribe a taper



Using greater than 50 morphine milligram equivalents per day

Provide naloxone teaching & naloxone kit on discharge

Tools & Resources

Need help? Contact a consult service!

Opioid Stewardship Program	Any patient on an opioid, or for whom you would like to start an opioid, where support around safe and effective prescribing is required	Call switchboard or call 604-209-6909
Addiction Medicine Consult Team (AMCT)	Patients with substance use disorder(s) with or without associated pain	Consult via Cerner or call switchboard
Acute Pain Service	Pain associated with recent injury, procedure, or operation	Consult via Cerner or call switchboard
Complex Pain Service	Complex, chronic, multi-modal pain that may or may not be associated with other conditions (e.g. fibromyalgia)	Consult via Cerner or call switchboard
Palliative Care Team	Frail elderly with multiple comorbid conditions and/or pain secondary to a life-limiting illness	Consult via Cerner or call switchboard

Initial Dosing for Opioid Naive Patients

	PO	IV*	SC**
morphine	2.5-10 mg Q4H	0.5-1.5 mg Q1H	1.25-5 mg Q4H
HYDROMORPHONE	0.5-2 mg Q4H	0.1-0.3 mg Q1H	0.25-1 mg Q4H
oxyCODONE	2.5-7.5 mg Q4H	--	--

NOTE: Avoid ordering multiple types of opioids and/or multiple routes of administration for one patient

*Please observe the following recommendations for ordering IV opioids:

- IV should be ordered as **PRN**
- IV should be used **ONLY** for severe breakthrough pain or if patient is unable to take PO medication

SC should be used **ONLY if patient is unable to take PO medication

Morphine Milligram Equivalency Chart*

	Conversion Factor
morphine	5
HYDROMORPHONE	1
oxyCODONE	1.5

*Conversion factor assumes the medication is given as the same dosage form (IV vs. PO)

IV/PO Opioid Conversion Chart

	IV/SC (mg)	PO (mg)
morphine	5	10-15
HYDROMORPHONE	1	2
oxyCODONE	--	7.5-10

Abbreviations

CV: Cardiovascular
GIB: Gastrointestinal bleed
NSAID: Non-steroidal anti-inflammatory drug
POSS: Pasero Opioid-induced Sedation Scale