CLINICAL REMINDERS FOR PRESCRIBING OPIOIDS

Injury Prevention Service
Oklahoma State Department of Health

Learn more: poison.health.ok.gov

This publication was supported by the Cooperative Agreement Number 5 NU17CE002745-02 funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services. The Oklahoma State Department of Health (OSDH) is an equal opportunity employer and provider. This publication, issued by the OSDH, was authorized by Terry L. Cline, PhD, Commissioner of Health, Secretary of Health and Human Services. 15,000 copies were printed by OKC Digital at a cost of $463.49. Copies have been deposited with the Publications Clearinghouse of the Oklahoma Department of Libraries and are available for download at www.health.ok.gov. August 2017. Adapted with permission from the Centers for Disease Control and Prevention.
Clinical Reminders

**Determining When to Initiate or Continue Opioids For Chronic Pain**
- Opioids are not first-line or routine therapy for chronic pain
- Establish and measure goals for pain and function
- Discuss benefits, risks, and availability of nonopioid therapies with patient

**Opioid Selection, Dosage, Duration, Follow-Up and Discontinuation**
- Use immediate-release opioids when starting
- Start low and go slow
- When opioids are needed for acute pain, prescribe no more than needed
- Do not prescribe ER/LA opioids for acute pain
- Follow-up and re-evaluate risk of harm; reduce dose or taper and discontinue if needed

**Assessing Risk and Addressing Harms of Opioid Use**
- Evaluate risk factors for opioid-related harms
- Check PMP for high dosages and prescriptions from other providers
- Use urine drug testing to identify prescribed substances and undisclosed use
- Avoid concurrent benzodiazepine and opioid prescribing
- Arrange treatment for opioid use disorder if needed