

OPIOID GUIDELINES

1. Assess and manage pain in adult patients using the CPPM Adult Guide.

N.B. Opioids are not first line for chronic pain, even moderate to severe pain, which should be managed with an active approach and non-opioid pain relievers whenever possible. When opioids are indicated, based on a careful risk assessment, combine with an active and passive approach to nonpharmacologic therapy. Be wary of dose escalation over time due to tolerance.

2. How to dose opioids:

A. Give baseline medication around the clock

B. For breakthrough pain order 10% total daily dose as a PRN given q 1-2h for oral and q 30-60 min for SC/IV

C. For continuous infusion, PRN can be either the hourly rate q 15 minutes or 10% of total daily dose q 30-60 minutes.

D. Adjust baseline upward daily in amount roughly equivalent to total amount of PRN

E. Determine acceptable level of pain control that supports patient's goals.

3. In general, oral route is preferable, then trans-cutaneous > subcutaneous > intravenous.

4. If parenteral medication is needed for mild to moderate pain, use half the usual starting dose of morphine or equivalent.

5. Use a short-acting medication for acute pain exacerbation. Switch to long-acting preparations when pain is chronic and the total daily dose is determined.

6. Avoid multiple agents of similar duration.

7. When converting from one opioid to another, some experts recommend reducing the equianalgesic dose by 1/3 to 1/2, then titrate as in #2 above.

8. Older adults, or those with severe renal or liver disease, should start on half the usual starting dose. Watch carefully for toxicity from accumulation.

9. Use care with combinations. Ensure total consumption of APAP from ALL sources & ALL purposes does not exceed 3 grams/day (2-3 grams for frail elders.)

10. Patients with substance abuse history may need a higher starting dose due to tolerance. Monitor urine drug screenings. Consider abuse-deterrent opioids and/or co-prescribing naloxone.

11. Refer to product information fentanyl use. Review CPPM methadone and buprenorphine guidelines.

12. Refer to protocol for Naloxone use.

13. Avoid Codeine and tramadol if breastfeeding.