

Opioid Prescribing for Acute Pain

This document is a resource for health care providers and summarizes content from the [Opioid Prescribing for Acute Pain](#) quality standard.

Comprehensive Assessment

Quality Statement (QS)* 1: Comprehensive Assessment

Perform a comprehensive assessment for people with acute pain who are taking or for whom you are considering prescribing opioids.

The following tools may be helpful in conducting the comprehensive assessment: the [Brief Pain Inventory \(Short Form\)](#), [Patient Health Questionnaire \(PHQ-9\)](#), and [Generalized Anxiety Disorder scale \(GAD-7\)](#).

*The quality statements are provided in full on page 2.

Appropriate Prescribing

QS 2: Multimodal Therapies

Offer people with acute pain multimodal therapy based on the clinical diagnosis. Offer opioids only when necessary to provide adequate pain relief, and include them as part of a multimodal approach that includes non-opioid pharmacotherapy and nonpharmacological therapies. If the person can tolerate oral medications, oral opioids are preferred over parenteral opioids.

QS 3: Opioid Dose and Duration

For acute pain, prescribe the lowest effective dose of the least potent immediate-release opioid. A duration of 3 days or less is often sufficient; more than 7 days is rarely indicated.

The [Opioid Manager](#) is a point-of-care tool to support health care professionals in prescribing and managing opioids; although the tool is designed for chronic pain, components may be relevant to people with acute pain.

QS 4: Information on Benefits and Harms of Opioid Use and Shared Decision-Making

Provide people with acute pain and their families and caregivers with information on the potential benefits and harms of opioid therapy in an accessible format verbally and via printed or multimedia formats.

Choosing Wisely Canada's [Opioids: When You Need Them and When You Don't](#) pamphlet for patients summarizes when opioids should and should not be used.

QS 5: Acute Pain in People Who Regularly Take Opioids

Consider the risk of long-term opioid use and tolerance when prescribing opioids for acute pain. Wherever possible, communicate and coordinate care with the clinicians prescribing the person's long-term opioids, and create a plan to taper to the original dose.

QS 8: Tapering and Discontinuation

Ensure people with acute pain who have been prescribed opioids are aware of the potential for developing physical dependence and the symptoms of withdrawal. Work with the person to develop a plan to taper and discontinue opioid therapy when functional recovery is achieved. Offer non-opioid therapies to address any remaining acute pain.

The [Opioid Tapering Template](#) guides health care professionals to evaluate opioid therapies and reduce opioid dosages safely and effectively.

Effective Acute Pain Management for People With Opioid Use Disorder

QS 6: Acute Pain in People With Opioid Use Disorder

Work with other clinicians to provide effective acute pain

management for people with opioid use disorder while maintaining opioid agonist therapy regimens.

Improving Prescribing Practices

QS 7: Prescription Monitoring Systems

Check the prescription history of people with acute pain for duplicate prescriptions, potentially harmful medication interactions, and indications of possible diversion behaviour before you prescribe or dispense opioids.

The [Digital Health Drug Repository](#) provides health care professionals with patients' clinically relevant drug and pharmacy service information to assist with medication reviews.

QS 9: Health Care Professional Education

Stay current with the evidence-based knowledge and skills needed to appropriately assess and treat acute pain using a multimodal approach; appropriately prescribe, monitor, taper, and discontinue opioids and other medications indicated for acute pain; and recognize and treat opioid use disorder.

[Key Opioid Prescribing Messages for Community Practitioners](#) summarizes key prescribing messages to support community prescribers. Project ECHO hosts [Chronic Pain and Opioid Stewardship Sessions](#), weekly CME-accredited videoconferencing sessions that connect clinicians with an interprofessional pain specialist team.

Opioid Prescribing for Acute Pain QUALITY STATEMENTS

Quality Statement 1: Comprehensive Assessment

People with acute pain receive a comprehensive assessment to guide pain management.

Quality Statement 2: Multimodal Therapies

People with acute pain receive multimodal therapy consisting of non-opioid pharmacotherapy with physical and/or psychological interventions, with opioids added only when appropriate.

Quality Statement 3: Opioid Dose and Duration

People with acute pain who are prescribed opioids receive the lowest effective dose of the least potent immediate-release opioid. A duration of 3 days or less is often sufficient. A duration of more than 7 days is rarely indicated.

Quality Statement 4: Information on Benefits and Harms of Opioid Use and Shared Decision-Making

People with acute pain and their families and caregivers receive information about the potential benefits and harms of opioid therapy, safe storage, and safe disposal of unused medication at the times of both prescribing and dispensing.

Quality Statement 5: Acute Pain in People Who Regularly Take Opioids

People with acute pain who regularly take opioids receive care from a health care professional or team with expertise in pain management. Any short-term increase in opioids to treat acute pain is accompanied by a plan to taper to the previous dose.

Quality Statement 6: Acute Pain in People With Opioid Use Disorder

People taking buprenorphine/naloxone or methadone for the treatment of opioid use disorder continue their medication during acute-pain events.

Quality Statement 7: Prescription Monitoring Systems

Health care professionals who prescribe or dispense opioids have access to a real-time prescription monitoring system at the point of care. Prescription history is checked when opioids are prescribed and dispensed to avoid duplicate prescriptions, potentially harmful medication interactions, and diversion.

Quality Statement 8: Tapering and Discontinuation

People prescribed opioids for acute pain are aware of the potential for experiencing physical dependence and symptoms of withdrawal and have a plan for tapering and discontinuation.

Quality Statement 9: Health Care Professional Education

Health care professionals have the knowledge and skills to appropriately assess and treat acute pain using a multimodal approach; appropriately prescribe, monitor, taper, and discontinue opioids; and recognize and treat opioid use disorder.

Note: This resource can be used to support health care professionals in the provision of care. It does not override the responsibility of health care professionals to make decisions with patients, after considering each patient's unique circumstances. Grouping/directionality of statements may not be applicable for every patient, and clinical judgment should be used.

Resources

- [Opioid Prescribing for Acute Pain Quality Standard](#) and [Patient Guide](#) bit.ly/3MDJhxU
- [Opioid Use Disorder Quality Standard](#) and [Patient Guide](#) bit.ly/3tuPqWj
- [Centre for Effective Practice: Clinical Tools and Resources](#) cep.health/tools
- [ISMP Canada: Opioid Stewardship](#) bit.ly/3NCgLOr
- [ConnexOntario](#) connexontario.ca/en-ca

Additional tools and resources are on [Quorum](#) bit.ly/3NFuZ14