Guidelines for Safe Opioid Prescribing

NATIONWIDE CHILDREN'S

*When your child needs a hospital, everything matters.*SM

Opioid abuse and prescription drug abuse is an epidemic throughout the United States for all ages and patients. According to the Center for Disease Control, 17.3% of those who abuse prescription painkillers are prescribed medication from a physician. This is why it is important to know all the facts about opioids and safety.

Adolescents and young adults have been shown to be particularly susceptible to nonmedical use of prescription medications:

- Peak risk at age 16
- Nonmedical use of prescription medications by 12th graders at highest level in 15 years
- Have shown to have a briefer substance abuse interval before transitioning to injection of other substances.

There is a mismatch between the amount of opioids needed to treat pediatric acute pain, with children using less than 50% of prescribed opioids.

- Leftover prescription opioids from previous prescriptions account for a substantial source of nonmedical use of prescription opioids among high school seniors.
- 8 out of 10 adolescents who report misusing prescription opioids report that their access to these drugs comes from leftover prescriptions from friends and family members.

The Nationwide Children's Hospital Opioid Task Force

At Nationwide Children's Hospital, our clinicians have created an Opioid Task Force consisting of pediatric physicians, nurse practitioners, pharmacists, community educators, nurses, and quality improvement specialists to address this issue and to educate prescribing clinicians locally and nationally on best practices.

For more information and patient resources regarding safe opioid usage, visit
NationwideChildrens.org/Opioid-Safety.

Guidelines for Opioid Prescribing

Non-pharmacological therapy and non-opioid pharmacological therapy are preferred for chronic pain. Providers should only consider adding opioid therapy if expected benefits for both pain and function are anticipated to outweigh risks. Providers should avoid prescribing of opioid pain medication and benzodiazepines concurrently whenever possible.

Before starting opioids for acute pain and periodically during opioid therapy:

1. Prescribe short-acting opioids. Extended-release/long acting opioids should not be prescribed for acute pain.
2. When opioids are used for acute pain, providers should prescribe the lowest effective dose of short-acting opioids and should prescribe no greater quantity than needed for the expected duration of pain.
    a. Leftover opioids from legitimate prescriptions are a major source of opioid misuse in adolescents.
3. At follow up visits ask about medication use and disposal.
4. Incorporate strategies to mitigate risk including mental health concerns, patient or family risk of addiction.
5. Three or fewer days will usually be sufficient for non-traumatic pain not related to major surgery.

Before starting long term opioid therapy:

1. Discuss and establish treatment goals, risks, and realistic benefits with your patient.
2. Incorporate strategies to mitigate risk including mental health concerns, patient or family risk of addiction.
3. Review the patient's history of controlled substance prescriptions to determine whether the patient is receiving excessive opioid dosages or dangerous combinations that put him/her at high risk for overdose.
4. Use urine drug testing before starting opioids for chronic pain and consider urine drug testing at least annually for all patients on long-term opioid therapy to assess for prescribed medications as well as other controlled substances and illicit drugs.
5. Use an opioid agreement with patient and family.
6. Offer or arrange evidence-based treatment for patients with opioid use disorder.

When opioids are started:

1. Prescribe the lowest possible effective dosage
2. Continue opioid therapy only if there is clinically meaningful improvement in pain and function that outweighs risks to patient safety.
3. Instruct patients and families on Monitoring, Securing, Transitioning, and Disposal.
4. Obtain a Minor Opioid Consent if < 18 years old

Providers should evaluate patients within 1 to 4 weeks of starting long-term opioid therapy or of dose escalation to assess benefits and harms of continued opioid therapy. Providers should evaluate patients receiving long-term opioid therapy every 3 months or more frequently for benefits and harms of continued opioid therapy. If benefits do not outweigh harms of continued opioid therapy, providers should work with patients to reduce opioid dosage and to discontinue opioids when possible.

Referrals and Consultations

Online: **NationwideChildrens.org**

Phone: **(614) 722-6200** or **(877) 722-6220** | Fax: **(614) 722-4000**

Physician Direct Connect Line for 24-hour urgent physician consultations:
(614) 355-0221 or **(877) 355-0221**.

Laboratory Testing and Pathology Consultations

Online: **NationwideChildrens.org/Lab**

Phone: **(614) 722-5477** or **(800) 934-7575**

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