ICSI
Institute for Clinical Systems Improvement

## Summary of Changes – August 2017

# Pain: Assessment, Non-Opioid Treatment Approaches and Opioid Management Guideline

In August 2017 the Pain: Assessment, Non-Opioid Treatment Approaches and Opioid Management guideline work group was asked to review acute prescribing recommendations from the Addressing the Opioid Crisis: Acute Pain Prescribing Working Group based upon their review of current literature. This working group of subject matter experts was established as the result of 15 health care organizations and health plans coming together to work on pressing issues to improve the health of Minnesota communities, beginning with opioids and mental health. The Pain: Assessment, Non-Opioid Treatment Approaches and Opioid Management guideline work group updated the following recommendations:

**13.3 Special Populations: Opioids in Geriatrics**

- Geriatric patients should be assessed for risk of falls, cognitive decline, respiratory malfunction, and renal malfunction before receiving opioids.
- If impairment or risk is detected in a geriatric patient, consider reducing the initial opioid dose by at least 50%.

**13.5 Initiating Opioids for Acute Pain**

- The first opioid prescription for acute pain should be the lowest possible effective strength of a short acting opioid, not to exceed 100 MME total. Patients should be instructed that three days or less will often be sufficient.
- For patients presenting in acute pain, already on chronic opioids, opioid tolerant or on methadone, consider prescribing an additional 100 MME maximum for this acute episode, with a plan to return to their baseline dose as soon as possible.