Surgical Prescribing

Summary of Best Practices

OPEN
Prevention. Treatment. Recovery.

Screen → **Prescribe** → **Educate** → **Coordinate**

Screen the patient for opioid use and substance use before surgery to identify those at risk for poor pain and opioid use outcomes

- Consider using the TAPS Screening Questionnaire, a validated way to screen patients for risk before surgery
- Identify patients at increased risk of respiratory depression: Concurrent medication use (e.g., prior opioid prescriptions, sleep aids, benzodiazepines), obstructive sleep apnea, obesity, neurological disorder, oxygen desaturation prior to discharge
- Use language that respects individuals with substance use disorder to mitigate stigma

Prescribe based on OPEN's acute care prescribing guidelines

Do	Avoid
✓ Prescribe acetaminophen and NSAIDs, unless patient has contraindication or high risk adverse effects • Giving families a prescription helps them understand these are first-line medications for pain management • Refer to the OTC Reference Sheet	✗ Prescribing codeine or tramadol. Due to pharmacogenetic differences, codeine and tramadol are poor choices for pain management and should not be prescribed
✓ If prescribing opioids is indicated, then follow OPEN's Acute Care Opioid Prescribing Recommendations	✗ Prescribing fentanyl or long-acting opioids (e.g. Oxycontin®)
✓ Access the Prescription Drug Monitoring Program (PDMP) prior to prescribing controlled substances schedules 2-5, in compliance with state law	✗ Prescribing opioids that contain acetaminophen (e.g. Norco®, Vicodin®, Percocet®) to minimize risk of acetaminophen overdose
✓ Consider co-prescribing naloxone to patients on high doses of opioids or medication for opioid use disorder	✗ Prescribing opioids with other sedative medications (e.g. benzodiazepines, skeletal muscle relaxants)

Educate patients and families about the following:

- Acetaminophen and NSAIDs should be used together as first-line medications for postoperative pain in surgical patients, unless patients have contraindications or high risk of adverse effects
- Use of prescription opioids ONLY to manage severe breakthrough pain that is not relieved by acetaminophen and NSAIDs
- Pain expectations and how to taper opioid use as pain improves
  - Pain usually peaks and then improves after the first 2-3 days following surgery
- The risks and side effects of opioid medications (sedation, respiratory depression, dependence, withdrawal, addiction, overdose)
- How to safely store and dispose of opioids
- Appropriate use of naloxone, if prescribed
  - For additional information about naloxone, refer to https://michigan-open.org/resource/learn-the-facts-naloxone/

Coordinate postoperative pain management plan

- Coordinate with anesthesia, and consider nerve block, local anesthetic catheter or an epidural when appropriate
- Provide primary care providers or usual prescriber with information about their patient's operative procedure and the plan for management of acute postoperative pain
  - Allows for better communication, consistent messaging, and improved patient monitoring after surgery
- If the patient screens positive for risk of SUD, consult an addiction medicine specialist

Scan to access OPEN's Resources, or visit michigan-open.org

Opioid Prescribing Recommendations

Safe Storage & Disposal

Surgery Pain Management

https://doi.org/10.56137/OPEN.000018