

Surgical Prescribing

Summary of Best Practices

OPEN

Evidence. Resources. Engagement.

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
<p>✓ Prescribe acetaminophen and NSAIDs, unless patient has contraindication or high risk adverse effects</p> <ul style="list-style-type: none">• Giving families a prescription helps them understand these are first-line medications for pain management• Refer to the OTC Reference Sheet	<p>✗ Prescribing codeine or tramadol. Due to pharmacogenetic differences, codeine and tramadol are poor choices for pain management and should not be prescribed</p>
<p>✓ If prescribing opioids is indicated, then follow OPEN's Acute Care Opioid Prescribing Recommendations</p>	<p>✗ Prescribing fentanyl or long-acting opioids (e.g. Oxycontin®)</p>
<p>✓ Access the Prescription Drug Monitoring Program (PDMP) prior to prescribing controlled substances schedules 2-5, in compliance with state law</p>	<p>✗ Prescribing opioids that contain acetaminophen (e.g. Norco®, Vicodin®, Percocet®) to minimize risk of acetaminophen overdose</p>
<p>✓ Consider co-prescribing naloxone to patients on high doses of opioids or medication for opioid use disorder</p>	<p>✗ Prescribing opioids with other sedative medications (e.g. benzodiazepines, skeletal muscle relaxants)</p>

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

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