

# EDIC Opioid Analgesic Rx Table

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**TABLE 1**

## Prescribing Options for Acute Pain to Minimize Opioid Misuse or Abuse

### Mild Pain

OTC ibuprofen, naproxen or ketoprofen as needed.

### Mild to Moderate Pain

Ibuprofen 400-600 mg every 4-6 hours by the clock for first 48-72 hours, not to exceed maximum recommended daily dose. As needed until pain subsides.

### Moderately Severe Pain

Prescription dose of NSAID administered prior to the procedure or immediately afterwards. Administration of long-acting local anesthetic 0.5% bupivacaine with epinephrine for procedural anesthesia and postoperative analgesia.

*Alternative, if the above recommendation does not relieve pain sufficiently.*

Postoperative administration of prescription dose of NSAID administered by the clock for 48-72 hours combined with administration of acetaminophen 600/650 mg by the clock; the two medications can be given concurrently or alternated to maintain blood levels of both medications.

### Severe Pain

Provide a prescription of an opioid drug in combination with acetaminophen to be filled and administered only if needed for pain not relieved by regimen for moderately severe pain.

Example: 2 tablets of 325 mg acetaminophen plus 37.5 mg tramadol (Ultracet) every 4-6 hours for pain, not to exceed 8 tablets every 24 hours.

*NB: Separate dosing of 600/650 mg acetaminophen needs to be discontinued.*

Dionne, Gordon, Moore: Compendium 2016; 37:372-378

**TABLE 2**

## Comparison of Conventional Approach to Targeted Strategies

<u>Opioid Combinations</u>		<u>Preventive/Additive/Adaptive</u>
Analgesia	++	+++
Adverse Effects	+++	+
Abuse Potential	+++	0 (without opioid) + (with tramadol) ++ (with oxycodone or hydrocodone)
Overdose Risk	++	0 (without opioid) + (with tramadol) ++ (with oxycodone or hydrocodone)

*Relative effects based on well-established pharmacology of drug classes and specific agents in Table 1 ranked on a 0 to ++++ ranking.*



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*Current information as of print May 2018. The information contained is only accurate to the day of publication and could change in the future. For more information on EDIC Risk Management, please call 800-898-3342 or visit www.edic.com.*

## Prescribing Opioids for Acute Dental Pain

### When Considering Opioids for Short-Term Management of Acute Pain

- ✓ Estimate pain intensity and duration associated with procedure.
- ✓ If the pain is due to acute inflammation, can it be suppressed with an anti-inflammatory drug? Opioids do not have any acute anti-inflammatory actions.
- ✓ Inform the patient and family members of the risks of opioids: increased incidence of nausea, vomiting and drowsiness, possible risk of misuse leading to dependence, risk of death due to opioid overdose.
- ✓ Evaluate the risk of harm or misuse:
  - History of substance use disorder including marijuana, alcohol, cocaine, and stimulants
  - History of mental health conditions such as depression or anxiety
  - Concurrent benzodiazepine use
  - Check the Prescription Drug Monitoring Program (PDMP) database
- ✓ Set criteria for using opioids for therapeutic intent:
  - Follow instructions for dose and dosing interval
  - No replacement for lost medications
  - Only provide a 2-3 day supply
  - No refills provided without a clinical exam
  - Discuss the greater safety of tramadol in comparison to oxycodone and hydrocodone
  - Requests for specific opioid drugs will be considered as drug seeking
  - Do not expect total pain relief, e.g., meaningful pain relief is a 50% reduction
  - Instruct the patient and family member on safe storage and disposal of opioid drugs
- ✓ Educate the patient that non-opioid drugs such as ibuprofen, naproxen and ketoprofen are more effective for post-surgical pain than opioid combination drug formulations.

### When reassessing the need for additional opioids

- ✓ Assess the need for additional opioids based on clinical exam and the usual 2-3 day time course of acute inflammatory pain
- ✓ Evaluate the risk of harm or misuse due to drug-seeking
- ✓ Check the PMDP for any other opioid prescriptions since initial visit
- ✓ Check that nonopioid medications are optimized and taken as prescribed
- ✓ Evaluate other possible causes of pain report: infection, nerve damage, alveolitis

*Modified from Checklist for Prescribing Opioids for Chronic Pain, Centers for Disease Control, US Department of Health and Human Services, [www.cdc.gov/drugoverdose/prescribing/guidelines](http://www.cdc.gov/drugoverdose/prescribing/guidelines)*