

## Sample Orthopaedic Department Opioid Safety Strategy

### Strategies for relief of musculoskeletal pain in the Emergency Department

*This resource is part of the AAOS-ASA Pain Alleviation Toolkit, strategies for safe and effective alleviation of pain and optimal opioid stewardship. AAOS and ASA partnered to develop the toolkit, recognizing that empathic communication between the surgical team, patients, and families helps prepare patients for the pain of recovery from injury or surgery.*

### **Having a prescribing policy in place will reduce the number of pills that can be diverted, abused and/or misused.**

The following are part of a strategy to keep patients as safe and as comfortable as possible:

1. Only one doctor prescribes opioids.
  2. Patients on buprenorphine, methadone, or daily opioids get opioids from their PCP or pain medicine specialist.
  3. New office patients with long-standing conditions will not be prescribed opioids.
  4. Orthopaedic surgeons do not use long-acting opioids.
  5. Orthopaedic surgeons do not treat persistent pain with opioids.
  6. Statewide databases are checked prior to prescribing opioids.
  7. After minor procedures (eg, trigger finger, carpal tunnel release, simple laceration, etc) patients will be encouraged to take acetaminophen and/or NSAIDs only and will receive:
    - No more than 10 opioid pills.
    - Maximum of 5 mg of oxycodone (or equivalent) per pill.
    - No refills.
  8. After fracture, laceration, other injuries.
    - Most are treated with non-opioid pain medication (eg, ibuprofen, acetaminophen), splint, ice, elevation, and reassurance.
    - Some very unstable or complex fractures may, on occasion be treated with opioids prior to surgery.
  9. Intermediate procedures (eg, open reduction internal fixation of a radius or humerus fracture, shoulder arthroscopy, etc).
    - No more than 30 opioid pills.
    - Maximum of 5 mg of oxycodone (or equivalent) per pill.
    - A single refill of no more than 15 pills.
    - Discontinue opioids within 2 weeks of surgery.
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10. Major procedures (eg, spinal fusion, ORIF acetabular fracture, joint replacement, etc).
    - No more than 60 opioid pills.
    - Maximum of 5 mg of oxycodone (or equivalent) per pill.
    - A single refill of no more than 30 pills.
    - Discontinue opioids within 1 month of surgery.
  11. Encourage use of acetaminophen or ibuprofen or both instead of opioids.
  12. Encourage use of a pill cutter to decrease the dose to half or quarter pill as comfort improves.
  13. Prescribe as little opioid medication as possible. Use e-prescribing to limit the size of initial prescriptions and give more later only after discussion with the patient.
  14. Patients with more pain than expected will be evaluated in the office.
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