

Sample Patient-facing Orthopaedic Service Opioid Safety Strategy

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:

- Opioid medications include: Codeine, hydrocodone (Vicodin, Norco), oxycodone (Percocet, Oxycontin), and hydromorphone (Dilaudid).
- Opioids can relieve pain.
- Opioids are also addictive and deadly.
- Opioids are tightly controlled and monitored by the federal government through the Drug Enforcement Agency (DEA).

Americans take more opioid medications and are less satisfied with pain relief after injury or surgery than patients with similar problems in other parts of the world. The leading cause of death among young adults in the United States is accidental poisoning. Overdose of prescription opioid pain medication and heroin accounts for 90% of these deaths. The prescription opioids that are causing these deaths have been traced to physician over-prescribing.

- Most patients take little or no opioids after minor procedures and wean off as quickly as possible after more substantial injuries and surgeries.
- Continued opioid use is often indicative of stress, distress, or less effective coping strategies. Opioids are often used by patients for non-pain related reasons such as inability to sleep and to treat depression.

For our patients' well-being and because of ever-tightening regulations and oversight, we have adopted the following strategy for the use of opioids to alleviate pain after surgery and injury. This opioid strategy was developed to limit over-prescription and misuse of opioids. *This strategy does not apply to patients who are dying from cancer.*

1. Each patient receives opioid pain medications from a single provider.
2. For patients on buprenorphine or long-term opioids, their primary care doctors or pain medicine specialist should be that single provider.
3. New patients with non-acute problems are not prescribed opioids.
4. We check statewide databases before prescribing opioids.
5. Orthopaedic surgeons do not give opioids for chronic pain.
6. Orthopaedic surgeons do not prescribe extended-release opioids.
7. We have upper limits for opioid prescription specific to:
 - Minor procedures: eg, trigger finger, carpal tunnel release, excision of a small benign tumor, etc.
 - Fracture, laceration, other injuries
 - Moderate procedures: eg, open reduction internal fixation of a distal radius or humerus fracture, shoulder arthroscopy, etc.
 - Major procedures: eg, spinal fusion, ORIF acetabular fracture, joint replacement, etc.