



Michigan Quality Improvement Consortium Clinical Practice Guideline Update Alert

Guideline: [Opioid Prescribing in Adults Excluding Palliative and End-of-Life Care](#)

Released: November 2019

This alert provides a summary of only the recommendations which were updated. Refer to the complete guideline for all recommendations and level of evidence.

Updated recommendations include:

Avoid starting opioids

- Initial opioid exposure is associated with a substantial risk of chronic use in some patients. Opioid Use Disorder (OUD) often begins with treatment of acute pain.
- Treat pain with non-drug therapy (e.g., physical/behavioral modalities), and non-opioid medications (e.g., acetaminophen, NSAIDs), if possible. Opioids are rarely useful in chronic pain. Ask patient if they've signed a [Nonopioid Directive](#).

Before starting opioids, assess risk of dependence, overdose or death

- Discuss the risks of opioid use including physical dependency, overdose, OUD, addiction, drug and alcohol interactions, proper disposal of unused opioids, effects of fetal exposure/toxicity for females of reproductive age, and that delivering a controlled substance is a felony in Michigan. Discuss lack of evidence of superiority to NSAIDs.

When starting opioids

- In Michigan the [Start Talking](#) form is mandated, and when signed serves as attestation patient received education.
- Consider baseline drug screen, and random testing to follow.
- Offer patient and family naloxone when risk factors for overdose are present; e.g., history of overdose or substance use disorder, higher opioid dosages (≥ 50 MME/day), or concurrent benzodiazepine use. Educate patient and family on naloxone use noting duration is less than one hour. Call 911 immediately, give naloxone, then rescue breathing, followed by second dose of naloxone if no changes. Patient should be seen immediately in a hospital Emergency Department.

If continuing opioids, or adjusting dose

- If benefits of therapy do not outweigh potential harms, optimize other therapies and work with patient to taper to lower doses and discontinue.
- Use urine drug testing to assess for prescribed medications as well as other controlled or illegal substances. Absence of prescription medication may indicate diversion. An unexpected result may warrant an appropriate confirmatory test. Perform testing at least annually, more frequently (every 3-6 months) if warranted.