Opioid Stewardship Guide

Best Practices for Surgical Teams

Purpose

The purpose of this guide is to provide information on current best practices for surgical suites on safer opioid prescribing, naloxone co-prescribing, safe disposal, and the use of medication logbooks.

Table of Contents

Patient-Centered Opioid Prescribing....1

Consider Prescribing No Opioids at Discharge....1

Provide Preoperative and Pre-Discharge Education....2

Educate Patients on Safe Disposal of Opioid Pills....2

Provide Medication Logbooks....2

Citations....3

Patient-Centered Opioid Prescribing

Leftover pills from postoperative opioid prescriptions place patients and community members at risk for opioid misuse[1]. Despite provider adherence to national opioid prescribing guidelines, patients still receive too many pills[1].

Action

Improved opioid prescribing could be accomplished by use of the formula 2 × 24-h PDOC [1]. Develop protocol for using the formula 2 × 24-h PDOC and integrating opioid prescription prompts in electronic health record system. While most patients are over-prescribed opioids, some are under-prescribed or will need more, use 2x24 hour formula as a starting place/guideline and tailor accordingly.

Consider Prescribing No Opioids at Discharge

Patients who are not prescribed opioids after surgery have similar clinical and patient-reported outcomes as patients who are prescribed opioids. This suggests that minimizing opioids as part of routine postoperative care is unlikely to adversely affect patients[2].

Action

Develop protocols for determining if non-opioid pain medication therapies are warranted and how patients will receive education on alternatives to opioids[1]. See the CDC website for patient-facing information regarding options for pain management without opioids, preventing opioid misuse and frequently asked questions. If prescribing no opioids, provide education on alternative pain management approaches.

Provide Preoperative and Pre-Discharge Education

Exposure to clinic-based interventions, particularly preoperatively, can increase patient preparedness to manage postoperative pain and decrease the quantity of opioids used[3]. Insufficient discharge education can compromise patients' recovery process causing postoperative complications and unplanned hospital readmissions[4].

Action

Inform patient and family of the perioperative pain plan[5]. Set expectations with them about realistic pain management goals, including functional recovery activities, need for multimodal treatment, limits of therapy, timely return to preoperative baseline opioid dose (if any) or lower the analgesic tapering timeline[5]. If prescribing no opioids, provide education on alternative pain management approaches.

Provide Naloxone Prescriptions

The CDC recommends that health care providers consider offering naloxone to all patients at risk for overdose[6]. Some research suggests that when clinicians prescribe naloxone along with prescription opioids, the risk of opioid overdose decreases even if the naloxone prescription does not get filled[7]. The naloxone prescription appears to serve as an important educational strategy[7].

Action

Develop protocols to provide pre-operative naloxone prescriptions. Incorporate naloxone prescription prompts in the electronic health record system. The Prescribe to Prevent Naloxone Guide features naloxone co-prescribing information and talking points for medical professionals.

Educate Patients on Safe Disposal of Opioid Pills

Postoperatively, patients are often left with unused opioids, which pose a risk for diversion if not appropriately disposed of. Patients are infrequently provided instructions on safe disposal methods of surplus opioids[8]. Receiving an activated charcoal bag for in-home disposal of unused opioids was associated with an adjusted 3.8-fold increase in self-reported disposal among adults who underwent elective surgical procedure, compared with receiving usual care.[9]

Action

Consider providing home disposal kits postoperatively. The provision of a convenient home disposal kit increased patient-reported opioid disposal[8]. Determine which staff will provide patients with education and resources for safe disposal of unused pills. Identify personnel and develop protocols to provide patients with safe disposal education. The DEA Disposal Site Locator is a good resource.

Provide Medication Logbooks

Providing patients with opioid medication logbooks may provide a better understanding of post-discharge opioid use. In one study, 62.6% of patients returned an opioid logbook[1]. Medication logbooks could provide insight to decrease opioid prescribing, encourage opioid safety education or offer personalized education on safe disposal of unused pills.

Action

Consider providing medication logbooks to all patients receiving an opioid prescription. Determine which staff will provide medication logbooks and instructions for use. The Comagine Health Medication Logbook includes instructions for completing the logbook and easily returning the results to the provider.

Citations

[1] Bleicher J, Fender Z, Johnson JE, Cain BT, Phan K, Powers D, Wei G, Presson AP, Kwok A, Pickron TB, Scaife CL, Huang LC. Use of post-discharge opioid consumption patterns as a tool for evaluating opioid prescribing guidelines. Am J Surg. 2021 Dec 22: S0002-9610(21)00748-0. doi: 10.1016/j.amjsurg.2021.12.020. Epub ahead of print. PMID: 34973685. https://pubmed.ncbi.nlm.nih.gov/34973685/

[2]Howard R, Brown CS, Lai YL, Gunaseelan V, Chua KP, Brummett C, Englesbe M, Waljee, J, Bicket, MC. The Association of Postoperative Opioid Prescriptions with Patient Outcomes, Annals of Surgery: June 04, 2021 - Volume - Issue - doi: 10.1097/SLA.0000000000004965. https://journals.lww.com/annalsofsurgery/abstract/9000/the_association_of_postoperative_opioid.93525.aspx

[3] Khorfan R, Shallcross ML, Yu B, Sanchez N, Parilla S, Coughlin JM, Johnson JK, Bilimoria KY, Stulberg J. Preoperative patient education and patient preparedness are associated with less postoperative use of opioids. Healthcare. Volume 167, issue 5, p852-858. https://pubmed.ncbi.nlm.nih.gov/32087946/

[4] Kang E, Gillespie, B, Tobiano, G, Chaboyer W. Discharge education delivered to general surgical patients in their management of recovery post discharge: A systematic mixed studies review. International Journal of Nursing Studies. 2018. 87. 10.1016/j.ijnurstu.2018.07.004. https://www.researchgate.net/publication/326216599

[5] Interagency Guideline on Prescribing Opioids for Pain. Developed by the Washington State Agency Medical Directors' Group (AMDG) in collaboration with an Expert Advisory Panel, Actively Practicing Providers, Public Stakeholders, and Senior State Officials. Written for Clinicians who Care for People with Pain 3rd Edition, June 2015. https://www.agencymeddirectors.wa.gov/Files/2015AMDGOpioidGuideline.pdf

[6]Still Not Enough Naloxone Where It's Most Needed. https://www.cdc.gov/media/releases/2019/p0806-naloxone.html

[7]National Institute on Drug Abuse; National Institutes of Health; U.S. Department of Health and Human Services. https://nida.nih.gov/publications/drugfacts/naloxone

[8] Stokes SM, Kim RY, Jacobs A, Esplin J, Kwok AC, Varghese TK Jr, Glasgow RE, Brooke BS, Finlayson SRG, Huang LC. Home Disposal Kits for Leftover Opioid Medications After Surgery: Do They Work? J Surg Res. 2020 Jan; 245:396-402. doi: 10.1016/j.jss.2019.07.034. Epub 2019 Aug 16. PMID: 31425882. https://pubmed.ncbi.nlm.nih.gov/31425882/

[9] Brummett CM, Steiger R, Englesbe M. Effect of an Activated Charcoal Bag on Disposal of Unused Opioids After an Outpatient Surgical Procedure: A Randomized Clinical Trial. *JAMA Surg.* 2019;154(6):558–561. doi:10.1001/jamasurg.2019.0155. https://jamanetwork.com/journals/jamasurgery/fullarticle/2729448

This material was prepared by Comagine Health, a Medicare Quality Innovation Network-Quality Improvement Organization under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. 12SOW-GEN-22-QIN-136