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### **OHA publishes statewide acute opioid prescribing guidelines**

The Oregon Health Authority today released the Oregon Acute Opioid Prescribing Guidelines, in an effort to help clinicians working in surgical, dental, primary care, emergency and urgent care settings make evidence-based prescribing decisions when treating pain.

Opioid painkillers are powerful medications that come with risks. While they're effective in treating acute, non-cancer pain, high doses and long-term use could lead to dependence, abuse, overdose and death. In Oregon, five people per week die of opioid-related overdoses.

The guidelines, developed in consensus with an external workgroup representing public health, health care and coordinated care organization leaders, build on Oregon prescribing guidelines for chronic pain, published in 2016. The acute prescribing guidelines focus on acute pain management for patients who are new to opioids. They are not intended for those who currently receive opioids nor for those with a history of substance use disorder.

Common examples of relevant clinical situations include: wisdom teeth extractions, sports injuries and post-surgical pain management. It is common practice for patients to be prescribed 30-day prescriptions in these settings. The new guidelines advise that the lowest effective dose of short-acting opioids be prescribed for no more than three days in most cases.

"While opioids are effective medications in acute pain management, many people do not use all of the pills that are prescribed by their doctors after an acute event," said Katrina Hedberg, MD, state health officer at OHA. "What this tells us is that patients may not need as many pills as we think, and other forms of pain management may be safer and just as effective. It also tells us that there are many excess pills sitting in medicine cabinets, which could be misused or stolen."

The guidelines could also help prevent patients with acute pain from becoming dependent on opioids long term. According to a 2017 analysis by the Centers for Disease Control and Prevention, 30 percent of those who receive an initial 30-day prescription of opioid painkillers remained on opioids a year later.

In general, the guidelines advise against using opioids as the first-line therapy for mild to moderate pain. If opioids are deemed appropriate and likely effective for the patient, the guidelines emphasize the following principles:

- Evaluate the patient.
- Assess history of long-term opioid use or substance use disorder.
- Check the Prescription Drug Monitoring Program, which tracks prescribed controlled substances such as opioids and benzodiazepines.
- Provide patient education.

- Prescribe the lowest effective dose of short-acting opioids for no more than three days in most cases and no more than seven days in cases of more severe acute pain.
- Provide follow-up and reassess pain, healing and function.
- Implement, monitor and document pain management practices to ensure care safety and quality.

The full guidelines can be found on the [OHA website](#).

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