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Pharmacist's Letter
Hospital

Treat Acute Pain in Patients on Chronic Opioids

You'll get questions about treating ACUTE pain in patients who take opioids for CHRONIC pain.

These patients often need larger opioid doses...which can exceed the comfort zone of many clinicians.

Work with pain services if available...and consider these strategies to optimize multimodal treatment.

Determine the patient's daily opioid dose. Ask what they actually take at home, including prns...to avoid under- or overdosing.

And confirm with state prescription drug monitoring programs.

Explain that a goal of zero pain isn't realistic.

Instead, help focus on functional goals...such as relieving pain enough to participate in physical therapy or walk short distances. And distinguish between acute and chronic pain when assessing relief.

Continue the patient's scheduled opioid regimen. Then add non-opioid therapies for acute pain...scheduled NSAIDs plus acetaminophen, low-dose ketamine, lidocaine patches, etc.

Reinforce that non-opioids are at least as effective as opioids for many pain types (kidney stones, minor surgeries, etc).

If non-opioids aren't enough, add a short-acting opioid (morphine, etc)...rather than increasing the long-acting opioid.

Short-acting opioids work faster...and are easier to adjust. Plus minimizing changes in the home regimen may prevent discharge mix-ups.

Start with a short-acting opioid dose that is about 10% to 20% of the current daily opioid regimen. Use a conversion chart to help.

For example, if a patient is using a 100 mcg/hr fentanyl patch, this is equivalent to about 240 mg/day of oral morphine. So 10% to 20% of the daily regimen works out to about 15 to 45 mg of morphine.

In this case, consider ADDING oral morphine 30 mg every 4 hours prn to the fentanyl regimen. Adjust the dose by about 50% until pain goals are met.

Use the shortest duration possible. For example, plan to de-escalate opioids within 3 days or less for minor surgeries.

Keep in mind, opioids used around the clock for more than a few days need to be tapered.

At discharge, ensure that opioid changes are documented clearly.

Follow a similar approach to treat acute pain in patients taking meds for opioid use disorder...see our recent article for specifics.

And use our *Opioid Stewardship Checklist* to help guide best practices at your hospital.

Key References:

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