

B6 Reducing unnecessary opioid prescribing for acute conditions

Purpose

This policy aims to minimise inappropriate use of opioids in acute presentations at this practice.

Example policy

[insert practice name]

Date effective:

Review date:

MINIMISING INAPPROPRIATE PRESCRIBING OF OPIOIDS

1. In this practice, opioid medications should not routinely be prescribed for:

- uncomplicated back and neck pain
- uncomplicated musculoskeletal pain
- headache/migraine
- renal colic
- non-traumatic tooth pain
- self-limited illness (eg sore throat)
- dental pain
- trigeminal neuralgia
- primary dysmenorrhea
- irritable bowel syndrome
- shoulder pain
- any functional or mental disorder of which pain is a leading manifestation
- an exacerbation of chronic non-malignant pain
- chronic visceral pains (eg chronic pelvic pain, chronic abdominal pain).

2. When opioids are prescribed for acute pain, GPs should prescribe:

- the lowest effective dose of immediate-release opioids
- no greater quantity than needed for the expected duration of pain – three days or less will often be sufficient; more than seven days will rarely be needed. This often requires limits put on dispensed medication.

3. Patients with existing chronic pain sometimes present with acute pain, which is a specific area of pain management. GPs are strongly advised to be familiar with issues involving:

- acute exacerbations of existing chronic pain
- opioid withdrawal presenting as acute pain
- new painful presentation or diagnosis unrelated to chronic pain.