CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022

Essential elements for communication and discussion w/pts before prescribing outpt opioid tx for *acute* pain

- Advise pts that short-term opioid use can lead to unintended long-term opioid use and of the importance of working toward planned D/C of opioid use as soon as feasible, incl a plan to appropriately taper opioids as pain resolves if opioids have been used around the clock for more than a few days.

- Review communication mechanisms and protocols that pts can use to tell clinicians of severe or uncontrolled pain and to arrange for timely reassessment and mgmt.

- Advise pts about serious adverse effects of opioids, including potentially fatal resp depression and development of a potentially serious OUD that can cause distress and inability to fulfill major role obligations at work, school, or home.

- Advise pts about common effects of opioids, such as constipation, dry mouth, N/V, drowsiness, confusion, tolerance, physical dependence, and withdrawal sx when stopping opioids.

    - To prevent constipation assoc w/opioid use, advise pts to increase hydration and fiber intake and to maintain or increase physical activity as they are able. Prophylactic pharmacologic tx (e.g., a stimulant laxative such as senna, w/or w/o a stool softener) might be needed to ensure regular bowel movements if opioids are used

for more than a few days. Stool softeners or fiber laxatives w/o another laxative should be avoided.

- To minimize withdrawal sx, provide and discuss an opioid tapering plan when opioids will be used around the clock for more than a few days. Limiting opioid use to the minimum needed to manage pain (e.g., taking the opioid only when needed if needed less frequently than q4h and the Rx is written for q4h prn pain) can help limit development of tolerance and therefore withdrawal after opioids are D/C'd.

- If opioids/acetaminophen combos are prescribed, advise pts of the risks of taking additional OTC products containing acetaminophen.

- To help pts assess when a dose of opioids is needed, explain that the goal is to *reduce* pain to make it manageable rather than to *eliminate* pain.

- Discuss effects that opioids might have on a pt's ability to safely operate a vehicle or other machinery, particularly when opioids are initiated or when other CNS depressants (e.g., BZDs or alcohol) are used concurrently.

- Discuss the potential for workplace toxicology testing programs to detect therapeutic opioid use.

- Discuss increased risks for OUD, resp depression, and death at higher dosages, along w/the importance of taking only the amt of opioids prescribed (i.e., not taking more opioids than prescribed or taking them more often).

- Review increased risks for resp depression when opioids are taken w/ BZDs, other sedatives, alcohol, nonprescribed or illicit drugs (e.g., heroin), or other opioids.

- Discuss risks to household members and other persons if opioids are intentionally or unintentionally shared w/others for whom they are not prescribed, incl the possibility that others might experience OD at the same or lower dosage than prescribed for the pt and that young children and pets are susceptible to unintentional ingestion. Discuss storage of opioids in a secure and preferably locked location, options for safe disposal of unused opioids, and the value of having naloxone available.

- Discuss planned use of precautions to reduce risks, including naloxone for OD reversal and clinician use of PDMP info.