

## Suggested Opioid Best Practices

### Assess Risk of Patient:

1. Assess PEG score at each visit.
2. Determine Morphine Milligram Equivalent (MME) dose and document it in the "note" section of the specific medication and the "note to patient" on each refill
3. Evaluate risk of harm or misuse

	<b>Low</b>	<b>Moderate</b>	<b>High</b>
<b>Morphine Milligram Equivalent (MME)</b>	<b>&lt; 50 mg/day</b>	<b>&lt;90 mg/day</b>	<b>&gt;90 mg/day</b>
Morphine	<50 mg/day	<90 mg/day	>90 mg/day
Hydrocodone	<50 mg/day	<90 mg/day	>90 mg/day
Oxycodone	<30 mg/day	<60 mg/day	>60 mg/day
Hydromorphone	<12.5 mg/day	<22.5 mg /day	>22.5 mg/day
Oxymorphone	<15 mg/day	<30 mg/day	>30 mg/day
Fentanyl Patch	<12 mcg/hr	<37 mcg/hr (25 +12)	>50 mcg/hr
Methadone	<10 mg/day	<20 mg/day	>20 mg/day
<b>Additional Risk Factors</b>			<b>Concurrent benzodiazepine use</b>
			<b>Sleep-disordered breathing</b>
			<b>Hx of overdose or substance abuse disorder</b>

### Based on Risk

<b>Frequencies</b>	<b>Low Risk</b>	<b>Moderate Risk</b>	<b>High Risk</b>
<b>Office Visit</b>	every 3-6 months	every 1-3 months	every 1-3 months
<b>MAPS</b>	every RX	every RX	every RX
<b>Urine Drug Screen (UDS)</b>	at least annually	every 6-12 months	every 3-6 months
<b>Refill</b>	every 30 days	every 30 days	every 30 days
<b>Overdose Precautions</b>	Naloxone RX	Naloxone RX	Naloxone RX
<b>Additional Considerations</b>			Consider pain clinic/specialist referral