



Michigan Quality Improvement Consortium Clinical Practice Guideline Update Alert

Guideline: [Opioid Prescribing in Adults Excluding Palliative and End-of-Life Care](#)

Released: November 2020

This alert provides a summary of only the recommendations which were updated. Refer to the complete guideline for all recommendations and level of evidence.

Updated recommendations include:

Avoid starting opioids

Opioid Use Disorder (OUD) often begins with initial opioid exposure in treatment of acute pain and is associated with a substantial risk of chronic use in some patients.

Before starting opioids, assess risk of dependence, overdose or death

- Discuss the risks of opioid use including physical dependency, overdose, OUD, addiction, drug and alcohol interactions, proper disposal of unused opioids, effects of fetal exposure/toxicity for females of reproductive age, and that diversion (sharing or selling) of a controlled substance is a felony in Michigan. Discuss lack of evidence of superiority to NSAIDs.

When starting opioids

- Prescribe the lowest effective dose of immediate-release opioids (not extended-release) and no greater quantity than needed for the expected duration of pain severe enough to require opioids; three days or fewer for acute pain; more than seven days will rarely be needed. Michigan limits initial prescription to seven (7) days.
- Avoid concurrent use of opioids with benzodiazepines, muscle relaxants, hypnotics or alcohol, and educate patient about the dangers of mixing, due to the higher risk of death.
- Prescribe patient and family naloxone when risk factors for overdose are present; e.g., history of overdose or substance use disorder, higher opioid dosages (≥ 50 MME/day), concurrent benzodiazepine use, or risk to other household members. Educate patient and family on naloxone use. Call 911 immediately, give naloxone, then rescue breathing, followed by second dose of naloxone if no improvement. May need repeat doses. Patient should be seen immediately in a hospital Emergency Department.

Identify Substance Use Disorder*

- Manage or refer based on: physician comfort treating substance use disorder, patient willingness to be referred, availability and coverage. Use evidence-based treatment, usually medication, plus behavioral therapy. (Medication for Opioid Use Disorder/Medication Assisted Treatment [MOUD/MAT])

*[Michigan Opioid Collaborative](#)