

Opioid Tapering Flow Sheet

START HERE

Consider opioid taper for patients with opioid MED > 90 mg/d or methadone > 30 mg/d, aberrant behaviors, significant behavioral/physical risks, lack of improvement in pain and function.

- 1 Frame the conversation around tapering as a safety issue.
- 2 Determine rate of taper based on degree of risk.
- 3 If multiple drugs involved, taper one at a time (e.g., start with opioids, follow with BZPs).
- 4 Set a date to begin and set a reasonable date for completion. Provide information to the patient and establish behavioral supports prior to instituting the taper. See OPG guidelines.

OPIOID TAPER

Opioids

Basic principle: For longer-acting drugs and a more stable patient, use slower taper. For shorter-acting drugs, less stable patient, use faster taper.

- 1 Use an MED calculator to help plan your tapering strategy. Methadone MED calculations increase exponentially as the dose increases, so methadone tapering is generally a slower process.
- 2 Long-acting opioid: Decrease total daily dose by 5-10% of initial dose per week.

Short-acting opioids: Decrease total daily dose by 5-15% per week.

- 3 See patient frequently during process and stress behavioral supports. Consider UDS, pill counts, and POMP to help determine adherence.
- 4 After 50% to 75% of the dose has been reached, with a cooperative patient, you can slow the process down.
- 5 Consider adjuvant medications: antidepressants, gabapentin, NSAIDs, clonidine, anti-nausea, anti-diarrhea agents.

MED for Selected Opioids

Opioid	Approximate Equianalgesic Dose (oral and Transdermal)
Morphine (reference)	30mg
Codeine	200mg
Fentanyl transdermal	12.5mcg/hr
Hydrocodone	30mg
Hydromorphone	7.5mg
Methadone Chronic	4mg
Oxycodone	20mg
Oxymorphone	10mg
Tapentadol	75mg
Tramadol	300mg

Morphine Equivalent Dosing (MED) Calculator:
agencymeddirectors.wa.gov/Calculator/DoseCalculator.htm

Tapering Opioids:

- Opioid taper should be considered for patients on >90 MED or methadone >30mg/day, aberrant behaviors, significant behavioral/physical risks, or lack of improvement in pain and function
- Calculate total daily Morphine Equivalent Dose of all opioids. Opioid dose calculator available at <http://www.agencymeddirectors.wa.gov/Calculator/DoseCalculator.htm>
- Taper dose of opioid by 5-15% per week
- Follow-up with the patient frequently and provide behavioral supports.
- After ¼ to ½ of the dose has been reached, with a low risk patient, you may slow the process down.
- Consider adjuvant therapies as needed including antidepressants, gabapentin, NSAIDS, clonidine, anti-nausea and anti-diarrheal medications.
- See the Oregon Pain Guidance website for additional information on opioid tapers at <http://www.oregonpainguidance.com/clinical-tools/>

Oregon Prescription Drug Monitoring Program (OPDMP):

- Sign up for the Oregon Prescription Drug Monitoring Program at <http://www.orpdmp.com/>
- A delegate may be authorized to access the OPDMP on behalf of the prescriber.
- Check the OPDMP BEFORE prescribing any opioids or other controlled substances.

References:

1. CDC Guideline for Prescribing Opioids for Chronic Pain – United States, 2016. Centers for Disease Control and Prevention MMWR. 15 March 2016. Early Release/Vol 65. <http://www.cdc.gov/media/modules/dpk/2016/dpk-pod/rr6501e1er-ebook.pdf>
2. Oregon Pain Guidance Pain Treatment Guidelines: A Provider and Community Resource. www.oregonpainguidance.org. Updated May 2016.

How to Approach an Opioid Taper/Cessation

Indication	Recommended Length of Taper	Degree of Shared Decision Making About Opioid Taper	Intervention/Setting
Substance Use Disorder	No Taper Immediate Referral	None Provider's choice alone	Intervention: Transition to medication assisted treatment (Buprenorphine or Methadone) maintenance therapy, Naloxone rescue kit. Setting: Inpatient or outpatient Buprenorphine (OBOT) or Methadone
Diversion	No Taper*	None Provider's Choice Alone	Determine need based on actual use of opioids, if any
At risk for Immediate severe harms	Weeks to months	Moderate Provider led & patient views sought	Intervention: Supportive Care. Naloxone rescue kit Setting: Outpatient opioid taper
Therapeutic Failure	Months	Moderate Provider led & patient views sought	Intervention: Supportive care and Naloxone rescue kit. Setting: opioid taper Option: buprenorphine (OBOT)
At risk for smaller harms	Months to year	Moderate Provider led & patient views sought	Intervention: Supportive care. Naloxone rescue kit Setting: Outpatient opioid taper Option: buprenorphine

Table by Melissa Weimer, DO, 2016

Date _____

Patient Name _____

OPIOID RISK TOOL

		Mark each box that applies	Item Score If Female	Item Score If Male
1. Family History of Substance Abuse	Alcohol	[]	1	3
	Illegal Drugs	[]	2	3
	Prescription Drugs	[]	4	4
2. Personal History of Substance Abuse	Alcohol	[]	3	3
	Illegal Drugs	[]	4	4
	Prescription Drugs	[]	5	5
3. Age (Mark box if 16 – 45)		[]	1	1
4. History of Preadolescent Sexual Abuse		[]	3	0
5. Psychological Disease	Attention Deficit Disorder, Obsessive Compulsive Disorder, Bipolar, Schizophrenia	[]	2	2
	Depression	[]	1	1
		TOTAL	_____	_____

Total Score Risk Category

Low Risk 0 – 3

Moderate Risk 4 – 7

High Risk ≥ 8

Reference: Webster LR. Predicting aberrant behaviors in opioid-treated patients: Preliminary validation of the opioid risk tool. *Pain Medicine*. 2005;6(6):432-442. Used with permission.

GENERAL RESOURCES

CDC Guideline for Prescribing Opioids for Chronic Pain

<https://www.cdc.gov/drugoverdose/prescribing/guideline.html>

Oregon Opioid Prescribing Guidelines

<https://public.health.oregon.gov/PreventionWellness/SubstanceUse/Opioids/Documents/taskforce/oregon-opioid-prescribing-guidelines.pdf>

Washington State Agency Medical Directors' Guideline

<http://www.agencymeddirectors.wa.gov/Files/OpioidGdline.pdf>

PRACTICE RESOURCES

Oregon Pain Guidance Resource

<http://portlandprofessional.oregonpainguidance.org/tools-for-professionals/>

My Top Care – practical resources on how to implement changes to prescribing for providers, patients and pharmacists

<http://mytopcare.org/prescribers/>

Documentation Templates – The Pain Assessment and Documentation Tool

<http://mytopcare.org/wp-content/uploads/2013/07/Passik.pdf>

Interagency Guideline on Opioid Dosing for Chronic Non-cancer Pain

<http://www.agencymeddirectors.wa.gov/Files/OpioidGdline.pdf>

Oregon Pain Guidance Website – useful information for patients and providers about managing pain, risks, preventing overdose, and real stories

<http://portlandmetro.oregonpainguidance.org/>

CDC Guideline Resources: Clinical Tools

<https://www.cdc.gov/drugoverdose/prescribing/clinical-tools.html>

Urine Drug Testing Resources

<http://mytopcare.org/prescribers/about-urine-drug-tests/>

PROVIDER EDUCATION

Providers' Clinical Support System for Opioid Therapy (PCSS-O)

<http://pcss-o.org/>

Providers' Clinical Support System for Medication Assisted Treatment (PCSS-MAT)

<http://pcssmat.org/>

CDC's Clinician Outreach and Communication Activity (COCA)

<https://www.cdc.gov/drugoverdose/prescribing/trainings.html>

Boston University Safe and Competent Opioid Prescribing (SCOPE)

<https://www.scopeofpain.com/>

My Top Care

<http://mytopcare.org/prescribers/>

NALOXONE

Oregon Pain Guidance Naloxone Site

<http://portlandprofessional.oregonpainguidance.org/overdose-naloxone/information-for-pharmacists/>

Naloxone for overdose prevention/treatment

<https://public.health.oregon.gov/ProviderPartnerResources/EMSTraumaSystems/Pages/epi-protocol-training.aspx>

Naloxone

<http://prescribetoprevent.org/prescribers/palliative/>

PATIENT EDUCATION

CDC Patient and Partner Tools

<https://www.cdc.gov/drugoverdose/prescribing/patient-tools.html>

Opioid Information, Side, Pain Relief, etc

<http://mytopcare.org/patients/>

Above resources are from OHSU resource appendix from Adult Safe Opioid Prescribing Guideline for Chronic, Non-End Of Life Pain and Practice Resources for Clinical implementation.

Additional Resources

OPG Oregon Pain Guidance; Southern Oregon

<http://professional.oregonpainguidance.org/introduction/>