



Reducing Opioid-Associated Harm through safer prescribing and the implementation of evidence-based interventions

Best Practices for Opioid Prescribing

1. Opioid prescriptions should be limited to the shortest duration possible; three days or less will be sufficient in most cases (up to seven days may be appropriate in certain circumstances).
2. All patients should be educated about opioid-specific risks and realistic benefits when considering an opioid prescription, with attention to high risk groups including adolescents, pregnant women, elderly and those with a history of substance use disorder.
3. Non-opioid pain relievers should be recommended and/or prescribed prior to and concurrent with opioids as appropriate.
4. The state Prescription Drug Monitoring Program (PDMP) should be checked prior to prescribing an opioid, when feasible.
5. Educate patients about the risks associated with concurrent use of opioids and benzodiazepines and avoid co-prescribing whenever possible.
6. Opioid prescriptions generally should not be written for chronic pain unless there is coordination with the patient's primary pain treating clinician.
7. Prescriptions for long-acting/extended-release opioids for the treatment of pain should not be initiated from the ED.
8. Lost, destroyed or stolen opioid prescriptions should not be refilled.

Note: E-QUAL best practices are not guidelines or intended to define the standard of care for any individual patient. Individual circumstances, local regulatory requirements and laws, and systems may not support implementation of all best practices.



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Best Practices for Patients with Opioid Use Disorder or Overdose

1. After an opioid overdose, consider communication with the patient's primary care physician if possible.
2. Naloxone should be prescribed or provided to opioid overdose patients as well as patients at risk for overdose along with overdose prevention education.
3. Referral to treatment should be provided, with warm handoff, as available.
4. Consider buprenorphine for the treatment of unprovoked opioid withdrawal in patients with opioid use disorder based on standard guidelines, and provide ED linkage to ongoing treatment as available.
5. After opioid overdose, consider assessing for suicidal ideation and ask permission to contact a friend or relative prior to ED discharge.



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