



Educate patient:

- Pain expectation
- Risk/benefit of opioid and non-opioid pain mgt.

Ask patient if currently using opioids

Opioid Naive patient

Screen for Current or history of opioid use disorder

Does patient have an addiction specialist?

Quantify type, amount of current prescription

Do **not** prescribe Opioids **prior** to surgery

Refer to social work and community resource for OUD – consider postponing elective surgery

Coordinate care with Addiction specialist: plan for postop pain management – consider postponing elective surgery

Coordinate care with usual prescriber: plan for prescribing, postop refills and pain mgt

Consider regional anesthesia or infiltration of long acting anesthetic prior to closing

Consider non-opioid adjunctive medication

NSAIDs and acetaminophen when possible

Do not co-prescribe sedatives, hypnotics, anxiolytics

Prescribe according to Michigan OPEN recommendations or POP pathway

Prescribe only ONE type of short-acting opioid at lowest strength, encourage non-opioid alternatives

Provide disposal resources

Provide reinforcing education:

- Pain expectation
- Use of non-opioid alternatives
- Opioid weaning
- Disposal
- Follow-up

Coordinate Postop care with usual prescriber

Evaluate for overdose risk

Consider naloxone prescription, educate patient and family on use

Preop

Intraop

Postop