B6 Reducing unnecessary opioid prescribing for acute conditions

Purpose
This policy aims to minimise inappropriate use of opioids in acute presentations at this practice.

Example policy

[insert practice name]

Date effective:

Review date:

MINIMISING INAPPROPRIATE PRESCRIBING OF OPIOIDS

1. In this practice, opioid medications should not routinely be prescribed for:
   - uncomplicated back and neck pain
   - uncomplicated musculoskeletal pain
   - headache/migraine
   - renal colic
   - non-traumatic tooth pain
   - self-limited illness (eg sore throat)
   - dental pain
   - trigeminal neuralgia
   - primary dysmenorrhea
   - irritable bowel syndrome
   - shoulder pain
   - any functional or mental disorder of which pain is a leading manifestation
   - an exacerbation of chronic non-malignant pain
   - chronic visceral pains (eg chronic pelvic pain, chronic abdominal pain).

2. When opioids are prescribed for acute pain, GPs should prescribe:
   - the lowest effective dose of immediate-release opioids
   - no greater quantity than needed for the expected duration of pain – three days or less will often be sufficient; more than seven days will rarely be needed. This often requires limits put on dispensed medication.

3. Patients with existing chronic pain sometimes present with acute pain, which is a specific area of pain management. GPs are strongly advised to be familiar with issues involving:
   - acute exacerbations of existing chronic pain
   - opioid withdrawal presenting as acute pain
   - new painful presentation or diagnosis unrelated to chronic pain.