

Summary of Dental Guidelines on Prescribing Opioids for Acute Pain Management



Preoperative

- Conduct a thorough evaluation including a dental and medical history.
- Check the Prescription Monitoring Program (PMP) before prescribing, looking for history of prior or concurrent prescriptions of opioids or sedatives.
- If patient is currently on chronic opioids or medication-assisted treatment, coordinate with their treating provider.
- Consider pre-medication, such as a nonsteroidal anti-inflammatory drug, one hour before procedure.

Perioperative

- Use pre-emptive analgesia where indicated. Consider long-acting local anesthetic injections unless contraindicated.

Postoperative

- Prescribe non-opioid analgesics as first-line treatment for pain control, unless contraindicated.
- Use multimodal pain strategies (e.g., ice) to manage acute pain, as a strategy for avoiding opioids.
- If opioid is warranted, prescribe lowest effective dose for 3 days or less and in combination with first-line treatment. For adolescents, limit to 8 to 12 tablets.
- Avoid opioids when patient (or parent) specifically requests, or when patient is in recovery and at risk of relapse.

Patient education

- Advise patients not to take multiple acetaminophen-containing preparations concurrently. Refer patients to FDA's video, Taking Acetaminophen Safely.

- Educate patient and family on appropriate use, duration, and adverse effects of opioids, communicating in a language and at a level they can understand.
- Advise patient to avoid using opioids with central nervous system depressants, including alcohol, benzodiazepines, sedative-hypnotics, or anxiolytics.
- Tell the patient and their family how to dispose of leftover opioids through take back programs sponsored by the DEA or their local community, or give them an FDA guideline for safe disposal of medicine.

Consideration for patients with substance use disorder

- Support patients who are in recovery by avoiding "just in case" opioid prescriptions and by taking special precautions in providing opioids if severe post-operative pain is expected.
- Be knowledgeable about community resources and be prepared to make referrals for treatment of substance use disorders.
- Consult with the treating addiction specialist if the patient is in active treatment for substance use disorder, and coordinate before prescribing opioids.

This summary is based on a guideline that was developed by the Dr. Robert Bree Collaborative and Washington State Agency Medical Directors' Group in collaboration with actively practicing dentists and public stakeholders.

The Bree Collaborative adopted the guideline on Sept. 27, 2017.

The full guideline is available at www.agencymeddirectors.wa.gov and at www.breecollaborative.org.