

Eight Opioid Prescribing Principles for Providers[®]

Help Minimize Harm When Prescribing Opioids and Other Psychotherapeutics

- 1. Assess patients for risk of abuse before starting opioid therapy and manage accordingly**
- 2. Watch for and treat comorbid mental disease if present**
- 3. Conventional conversion tables can cause harm and should be used cautiously when rotating (switching) from one opioid to another**
- 4. Avoid combining benzodiazepines with opioids, especially during sleep hours**
- 5. Start methadone at a very low dose and titrate slowly regardless of whether your patient is opioid tolerant or not**
- 6. Assess for sleep apnea in patients on high daily doses of methadone or other opioids and in patients with a predisposition**
- 7. Tell patients on long-term opioid therapy to reduce opioid dose during upper respiratory infections or asthmatic episodes**
- 8. Avoid using long-acting opioid formulations for acute, post-operative, or trauma-related pain**