STANDARD OPIOID PRESCRIBING SCHEDULES
TOOLKIT

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BACKGROUND

The opioid epidemic began with the over-prescribing of opioids promised to alleviate pain and continues to persist. When people come into hospitals for treatment, there is an opportunity to change the trajectory of a patient's pain management plan and ensure the least harmful and most clinically appropriate therapy is provided. Hospitals have an enormous opportunity to ensure safe prescribing is institutionalized by standardizing opioid prescribing schedules. Standard opioid prescribing schedules give clinicians a clear and easy way to prescribe opioids. This toolkit is designed to take the guesswork out of it. It is organized into three sections:

1. Assessing readiness
2. Standardization for your facility
3. Adhering to the new guidelines and measuring success

This toolkit is based on the standard opioid prescribing schedules (SOPS) model and recommendations from UNC Health. These data-driven and highly successful standards were created by UNC Health and are updated annually. Why the UNC Health standards? Click here to learn more about the UNC Health precision opioid prescribing model, and here to learn about the available data that confirms the efficacy of SOPS in reducing the number of opioid prescriptions. You can also read about their SOPS journey which began in 2017, here.

ASSESSING READINESS

How to know if your hospital is ready to adopt or update these standards? There are two key components needed before launching a SOPS program. The first component includes physical aspects that your facility has such as an EHR, prescribing awareness, and IT capabilities. The second component includes cultural aspects such as leadership and provider buy-in for the program, a point person to oversee the program, and IT personnel capabilities.

If your facility meets these qualifications, then the SOPS program should be successful at your facility.

READINESS CHECKLIST	
✔	Facility has a well-functioning EHR software program with the ability to add reference lists
✔	Facility is aware of general opioid prescribing patterns within their own facility
✔	Facility can track provider prescribing patterns
✔	Facility has identified a point person to oversee the SOPS program (Quality Director, Chief Nursing Officer, Certified Registered Nurse Anesthetist) and has identified an IT person to work on EHR implementation
✔	Lead staff has reviewed and understood the UNC Health SOPS program
✔	Leadership at the facility supports SOPS program

STANDARDIZATION IN YOUR FACILITY

To institutionalize safe prescribing practices into your facility, hospitals and health systems can adopt the UNC Health SOPS recommendations as a reference list in their EHR. Once loaded as a reference list, clinicians will be able to utilize over 90 SOPS — populations include: surgical, emergency medicine, primary care, obstetrics, and pediatrics.

UNC Health Standard Opioid Prescribing Schedule (SOPS)

Adult

Service	Procedure Group	# of Opioid Doses
Acute Care Surgery	Lap Chole	0-10
	Lap Appy	0-10
	Inguinal/Femoral Hernia Repair (open/laparoscopic)[2]	0-10
	Open Incisional Hernia Repair[2]	0-14
Adult ENT	Cochlear Implant	0-10
	Head & Neck	0-20
	Laryngoscopy	0-10
	Nasal/Sinus Endo	0-15
	Nose Repair	0-15
	Parotid Procedure	0-15
	Skull Based	0-20
	T & A	0-30
	Thyroid/Parathyroid[2]	0-5
	Facial Trauma	0-30
	Tympanoplasty	0-15
Adult Neurosurgery	Craniectomy	0-30
	Shunts	0-30
	Stereotactic Pre/Post Procedure	0-30
Thoracic Surgery	Minimally Invasive Thoracic Procedures	0-20
	Minimally Invasive Robotic Procedures	0-20
Emergency Department	ED Patients with an acute pain condition necessitating opioids	0-10
Gastrointestinal Surgery	Lap Chole	0-10
	Lap Colectomy[2]	0-10
	Lap Esophageal[2]	0-15
	Loop Ostomy Takedown[2]	0-15
	Minimally Invasive Abdominal Procedure (i.e. adrenalectomy, partial gastrectomy)	0-20
	Open Colectomy[2]	0-15
	Open Incisional Hernia Repair[2]	0-14
	Inguinal/Femoral Hernia Repair	0-10
	Parastoma/Stoma Revision	0-25
	Proctectomy	0-20
Gynecology	Hysterectomy	0-15
Gynecologic Oncology	Colostomy[2]	0-20
	Hysterectomy	0-15
	Ileostomy[2]	0-25
	Oophorectomy[2]	0-20
	Open Incisional Hernia Repair[2]	0-14
	Radical Vulvectomy	0-20
	Simple Vulvectomy	0-10
Orthopedics	Total Knee	0-50
	Total Hip	0-30
	Total Shoulder	0-30
	ACL	0-30
	Rotator Cuff	0-40
Plastic Surgery	Hidradenitis	0-50
	Breast Reduction & Panniculectomy	0-30
	Hand Fracture	0-20
	Carpal Tunnel	0-5
Primary Care	Patients with an acute pain condition necessitating opioids	0-10
Surgical Oncology	Partial Mastectomy[2]	0-20
	Complete Mastectomy	0-30
	Complete Mastectomy with Reconstruction	0-45
	Melanoma/Skin Excision with or without Sentinel Node[2]	0-5-local anesthesia 0-20-general anesthesia
	Node Dissection (ALND, MRND, ILND)[2]	0-30
	Thyroid/Parathyroid[2]	0-5
	Lap Chole	0-10
	Lap Appy	0-10
	Loop Ostomy Takedown[2]	0-15
	Minimally Invasive Abdominal Procedure (i.e. laparoscopic/robotic colectomy, adrenalectomy, partial gastrectomy)	0-20
Urology	Cystectomy	0-15
	Cysto/TUR	0-10
	Lap Neph	0-15
	Nephrostolithotomy	0-15
	Penile/Urethral	0-10
	Prostatectomy	0-10
	Scrotal/Testis	0-10
	Ureteroscopy	0-10

1. The above Standard Opioid Prescribing Schedule (SOPS) has been confirmed by the appropriate departments for opioid naïve adult patients. The recommended opioid for prescribing is **5mg of Oxycodone**. For patients intolerant to oxycodone, consider prescribing hydromorphone 2 mg tablets in the same quantity recommended for oxycodone.
2. Adapted from Michigan Surgical Quality Collaborative Opioid Prescribing Recommendations for Surgery (https://opioidprescribing.info/)

ver: July 2022
doc. owner: Constanza Bacon

Adult Perioperative LOS > 4 Days Algorithm

Participating Surgical Services	Total Dose of Oxycodone (mg) in last 24 hrs	# of Opioid Doses Recommended[3]
•Adult ENT •Burn Surgery •Cardiac Surgery •Thoracic Surgery •Gastrointestinal Surgery •GYN Oncology •Surgical Oncology	0 mg	0
	1-15 mg	0-15
	16-35 mg	0-30
	36-60 mg	0-45
	≥ 61mg	0-60

3. Adapted from Hill, MV, Stucke, RS, Billmeier, SE, Kelly, JL, Barth, RJ. Guideline for Discharge Opioid Prescriptions after Inpatient General Surgical Procedures. J Am Coll Surg. 2017; 226(6): 996-1003

Obstetrics-Cesarean Delivery

Procedure	Total # Oxycodone (5mg) used in last 24 hrs	# of Opioid Doses Recommended[4]
Cesarean Section (for 5-Day Supply)	**0**	**0**
	1	**0-5**
	2	**0-10**
	3	**0-15**
	4	**0-20**
	5	**0-25**
	6 or more	**0-30**

4. **If zero opioids were used last 24 hours, recommend NOT prescribing opioids**. However, prescription for 1-5 tablets can be considered using shared decision-making with patient. **Maximum of 30 tablets** is recommended but higher levels may be needed for opioid tolerant patient. If a different opioid is prescribed, use same algorithm of the number of tablets used in the last 24 hours x 5 to determine recommended prescription amount.

Pediatric

Service	Procedure Group	# of Opioid Doses Recommended[5]
Pediatric ENT	T & A	<12 yo: 0-20, ≥ 12 yo: 0-30
Pediatric Orthopedics	Implant Removal	0-5
	Pediatric Spine	0-40
	Supracondylar Humeral Fracture Repair	0-5
Pediatric Neurosurgery	Craniectomy	0-10
	Laminectomy	0-5
	Shunts	0-5
Emergency Department	ED Patients with an acute pain condition necessitating opioids	0-10
Pediatric Surgery	Pediatric Lap Appy	0-5
	Umbilical Hernia Repair	0-5
	Inguinal Hernia Repair	<1 yo: 0, 1-10 yo: 0-5, ≥ 10 yo: 0-10
Pediatric Urology	Circumcision	0-5
	Cystourethroscopy	0-5
	Hypospadias	0-12
	Inguinal Hernia Repair / Orchiopexy	<1 yo: 0, 1-10 yo: 0-5, ≥ 10 yo: 0-10
	Laparoscopy	0-5
	Nephrectomy (lap)	0-5
	Nephrectomy (Open)	0-10
	Ureteroneocystostomy	0-10
	Vesicostomy	0-5

5. The above Standard Opioid Prescribing Schedule (SOPS) has been confirmed by the appropriate departments for opioid naïve pediatric patients. The recommended opioid for prescribing is **0.05-0.1 mg/kg of Oxycodone.**

Pediatric Perioperative LOS ≥ 3 Days Algorithm

Population	Total Doses of Oxycodone (mg) in last 24 hrs	# of Opioid Doses Recommended[6]
Pediatric Patients < than 12 years of age or < 40kg	0 doses	0
	1-2 doses	0-5
	3-4 doses	0-10
	5 doses	0-15
	≥ 6 doses	0-30
Pediatric Patients ≥ than 12 years of age or ≥ 40 kg	0 mg	0
	1-15 mg	0-15
	16-35 mg	0-30
	≥ 36 mg	0-45

6. The above Standard Opioid Prescribing Schedule (SOPS) has been confirmed by the appropriate departments for opioid naïve pediatric patients. The recommended opioid for prescribing is **0.05-0.1 mg/kg** of Oxycodone.

QUICK TIPS TO STANDARDIZE

1. To adopt these standards into your hospital, obtain buy-in and support from leadership.
2. Identify a champion for this work.
3. Gain support from the IT department to develop a timeline for adding the SOPS reference list into the EHR or hospital intranet platform. For ease of use, hospitals can also share the reference list via email or any other virtual format.
4. Use existing recurring meetings to introduce the new standards before implementation and provide education on what's to come.
5. Consider adding patient education on post-surgery and pain expectations into the workflow. **Click here** to review opioid patient education materials your facility can embed into your EHR or patient-facing system (e.g., MyChart).

WHAT WILL SUCCESS LOOK LIKE?

1. An increase in awareness of the number of opioids prescribed in your facility.
2. A decrease in the number of opioids prescribed in your facility.
3. An increase in pre-surgery patient education regarding post-surgery pain expectations

ADHERENCE AND MEASURING SUCCESS

Continuous monitoring is critical for the success of this model. It is recommended, although not required, that all hospitals and health systems adopting this model create a data dashboard or an alternative way to monitor adherence to the reference list. The identified champion can help with monitoring and providing regular updates to department leads and hospital leadership. Hospitals can continue to measure success through decreases in the total number of opioids prescribed or by narrowing in on a few SOPS to focus efforts on.

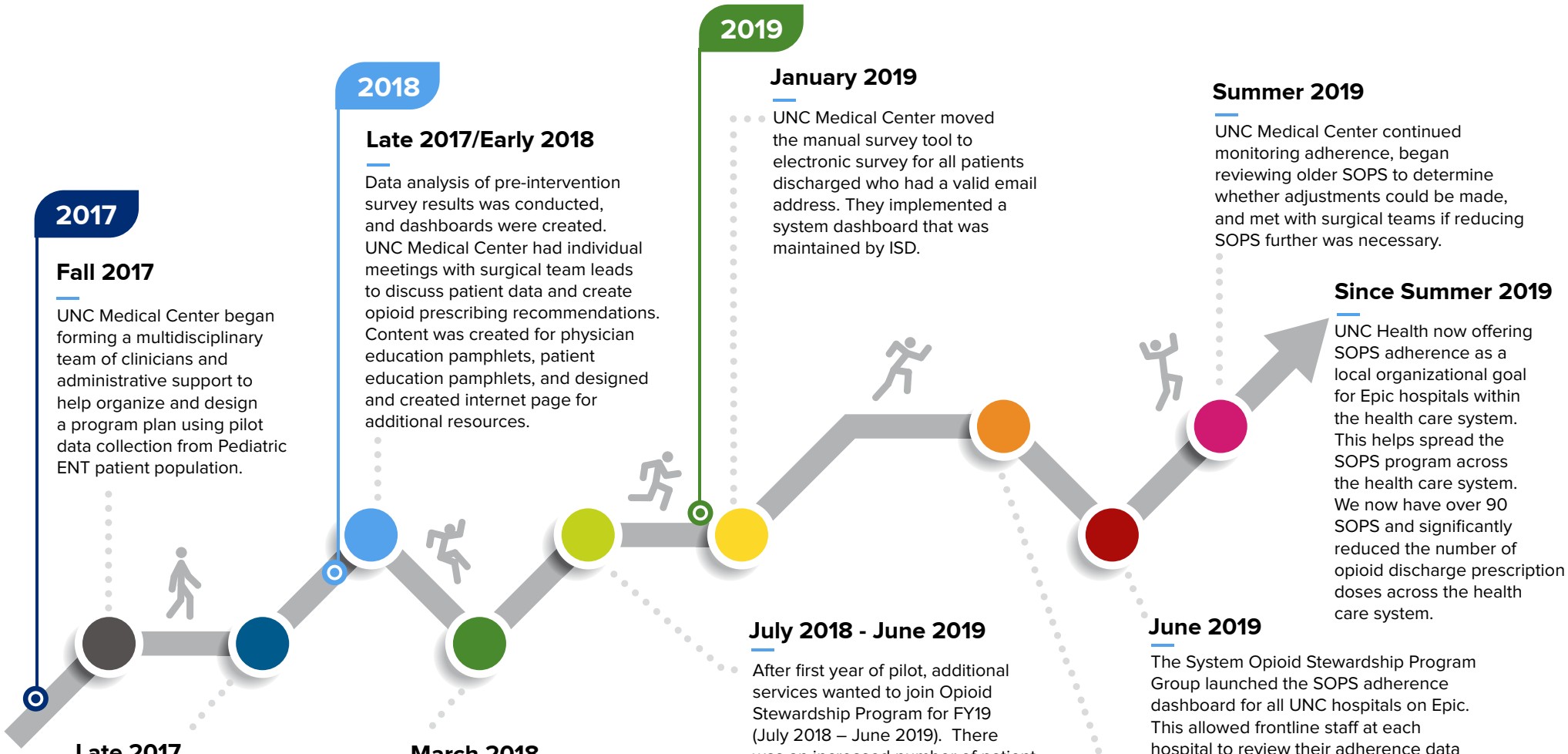
QUICK TIPS TO GET STARTED

1. When this work begins, it is important to celebrate small wins (e.g., getting the reference list added into the EHR, the first provider to use it, etc.).
2. Continue to use existing, recurring meetings to discuss the new standards, answer questions, troubleshoot issues, and celebrate success.

CRITICAL ACCESS OR SMALL RURAL HOSPITALS

Critical Access and Small Rural Hospitals can set *implement prescribing guidelines* as one of their quality improvement strategies and goals. CAHs or Small Rural Hospitals may consider the Emergency Department (ED) as a good place to start this work. When patients present with common conditions in the ED (e.g., severe dental pain), hospitals can use the SOPS reference list to adopt the UNC Health standard for the ED: patients with an acute pain condition necessitating opioids are prescribed 0-10 doses. EDs can also learn more about prescribing alternatives to opioids for pain management here.

UNC Historical Timeline for Standardizing Opioid Prescribing Schedules



2017

Fall 2017

UNC Medical Center began forming a multidisciplinary team of clinicians and administrative support to help organize and design a program plan using pilot data collection from Pediatric ENT patient population.

Late 2017

UNC Medical Center organized pilot patient populations to collect initial data on prescribing patterns and patient usage of opioids after surgical procedures. They created a survey that would ask specific questions regarding postsurgical pain, medication usage, consultation, medication storage, disposal. A team was recruited to call and survey patients after discharge from the hospital for specified surgical procedures.

2018

Late 2017/Early 2018

Data analysis of pre-intervention survey results was conducted, and dashboards were created. UNC Medical Center had individual meetings with surgical team leads to discuss patient data and create opioid prescribing recommendations. Content was created for physician education pamphlets, patient education pamphlets, and designed and created internet page for additional resources.

March 2018

UNC Medical Center implemented the first phase of Standard Opioid Prescribing Schedule (SOPS) with pilot patient populations. They developed a dashboard to send out adherence to the SOPS to physicians. The dashboard was monitored weekly. The hospital designed organizational goal for Medical Center to adhere to SOPS and reduce number of unused opioids for post-surgical patient population.

2019

January 2019

UNC Medical Center moved the manual survey tool to electronic survey for all patients discharged who had a valid email address. They implemented a system dashboard that was maintained by ISD.

July 2018 - June 2019

After first year of pilot, additional services wanted to join Opioid Stewardship Program for FY19 (July 2018 – June 2019). There was an increased number of patient populations, increased number of surgical groups included, increased adherence to SOPS to >75% adherence, continued monitoring dashboard weekly. Due to success of local program at UNC Medical Center, UNC Health stood up the System Opioid Stewardship Program Group to spread SOPS to the entire health care system.

June 2019

The System Opioid Stewardship Program Group launched the SOPS adherence dashboard for all UNC hospitals on Epic. This allowed frontline staff at each hospital to review their adherence data for each SOPS, see how they compared to other hospitals in the system, and provide clinical level data.

April 2019

The System Opioid Stewardship Program Group built SOPS reference link into Epic for entire health care system. Clinicians could now access the full SOPS list within Epic. ED recommendation was added to SOPS list for discharged patients.

Summer 2019

UNC Medical Center continued monitoring adherence, began reviewing older SOPS to determine whether adjustments could be made, and met with surgical teams if reducing SOPS further was necessary.

Since Summer 2019

UNC Health now offering SOPS adherence as a local organizational goal for Epic hospitals within the health care system. This helps spread the SOPS program across the health care system. We now have over 90 SOPS and significantly reduced the number of opioid discharge prescription doses across the health care system.

Click here to see UNC's robust Opioid Stewardship Program.
Click here to read an abstract on the program published by the National Library of Medicine.

NORTH CAROLINA HEALTHCARE FOUNDATION

Fostering and accelerating the collective impact of hospitals, health systems and community partners to improve the health of North Carolinians.

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