

Condensed version of Pain Protocol

1. **Verify strength & frequency of opioid**
2. Run a **MAPS** (to evaluate for multiple providers prescribing medications and discrepancies between prescribed and reported opioid use)
3. **Calculate total MME** and include value on office visit note (and other encounters, as needed).
 - May add following smart link to any template: **@MEDDEXCEED@** (which will have total MME and list of opioids auto populated). Or, may manually type the following smart phrase each time onto any note to do the same: **.MEDDEXCEED**
 - Note: Epic does not calculate MME for certain opioids (see other attachment for list of such opioids and how to calculate their MME).
4. **Counsel patients taking >60 MME** (goal is to decrease to below 60 MME or by 50% of current MME (whichever is greater))
5. If there is no progressive neurological deficit, surgery will be conditional based on agreement to participate in the opioid taper (**recommend delaying surgery by at least 4 weeks**)
6. Include following smart phrase in notes (for anyone on >60 MME): **.opioidagreement**
7. **Refer patient to prescribing provider for assistance in taper**
 - If prescribing provider is internal, then send telephone encounter to that provider using smart phrase: **.opioidtaper**
 - If prescribing provider is external, then send letter to that provider using template: **HFHS OPIOID TAPER RECOMMENDATION**
8. **If on Suboxone or Methadone, refer to HFHS Pain Clinic** so they may develop a perioperative plan, in advance. Same for any complicated cases.
9. **Prior to date of surgery, obtain clearance/confirmation of opioid taper** from prescribing provider and document in Epic (to serve as reminder: may use the 'Remind Me' feature in Epic, add to OR calendar or checklist).
10. For anyone still on >60 MME by time of surgery, place **Pain Consult while IPD**. Same goes for anyone on Suboxone or Methadone.