

## Oregon Opioid Prescribing Guidelines Task Force Recommended Opioid Guidelines for Dentists

December 2016

Pain management is routinely required for some dental procedures. Patients must receive respectful care and appropriate management of dental pain. Most often, dental pain management is for acute or episodic situations, requiring short-term prescribing. For many conditions, ibuprofen, acetaminophen, or a combination of the two will suffice for dental pain. In other circumstances, a very small amount of opioid medications followed by over the counter medications will provide appropriate pain relief.

### General Guidelines

1. Prescribe opioids cautiously to those with a substance abuse history.
2. Ask if patients are getting medications from other doctors, and use the PDMP prior to prescribing opioids whenever possible.
3. Do not prescribe opioids to patients in substance abuse treatment programs without consulting the program's medical staff.
4. Do not offer prescriptions with refills. Use caution if replacing prescriptions that were lost, destroyed, or stolen.
5. Prescribing over the phone is discouraged, especially with patients you have not met.
6. Use combination opioids (e.g., hydrocodone and acetaminophen) when an opioid is necessary.
7. If an opioid is indicated, prescribe only in small dosages, which in most cases should not exceed three days or 10 tablets.
8. Use stepwise guidelines for acute pain management as recommended in *Principles of Pain Management in Dentistry* in ADA Practical Guide to Substance Use Disorders and Safe Prescribing, 2015:
  - Mild to moderate pain: ibuprofen
  - Moderate to severe pain: ibuprofen + APAP
  - Severe pain: ibuprofen + hydrocodone/APAP
9. Inform patients how to secure medication against diversion and how to dispose of leftover medication.
10. Opioids should not be prescribed more than seven days after the last appointment. It is strongly recommended that the patient be assessed in the clinic prior to providing a refill (same or different opioid).

11. A second refill (same or different opioid) request should require that the patient be assessed in the dental clinic and only be provided once a supporting diagnosis to continue with opioid pain management is established.
12. Third refills are strongly discouraged (except in unusual clinical circumstances that are well documented, such as osteonecrosis management); consider need for chronic pain management by physician.
13. Prolonged pain management (while awaiting specialty care) should be managed by and/or coordinated with the patient's primary care provider.
14. Long acting or controlled release opioids including, but not limited to methadone, buprenorphine, fentanyl, and long acting formulations of hydrocodone, hydromorphone, morphine, or oxycodone should not be prescribed by dental providers.
15. Intramuscular or intravenous opioids should not be administered by a dentist except during the course of administering sedation according to the practitioner's anesthesia permit.