



Oregon Emergency Department (ED) Opioid Prescribing Guidelines

1. Decrease the risk of inducing opioid use disorder (OUD) caused by prescribing opioids.
 - a) Minimize the frequency of opioid prescriptions.
 - i. Consider prescribing non-opioid alternatives whenever possible.
 - b) Minimize the dose strength of prescribed opioid medications.
 - c) Consider prescribing 10-12 doses or less for acute pain conditions.
2. Decrease harm from existing OUD.
 - a) Offer patients with OUD adjunct therapies and treatment resources.
 - i. e.g. buprenorphine, naloxone, and local OUD treatment programs.
3. Minimize the risk of diversion.
 - a) Use resources available to make educated decisions when prescribing.
 - i. PDMP
 - ii. Pain Contracts
 - iii. Discussion with PCP, primary prescriber, or OUD treatment programs.
 - iv. ED physicians should help educate patients on proper disposal of unused opioids.

Disclaimer: *This document should not be used to establish any standard of care. No legal proceeding, including medical malpractice proceedings or disciplinary hearings, should reference a deviation from any part of this document as constituting a breach of professional conduct. These guidelines are only an educational tool. Clinicians should use their own clinical judgment and not base clinical decisions solely on this document. The following recommendations are not founded in evidence-based research but are based on promising interventions and expert opinion. Additional research is needed to understand the impact of these interventions on decreasing unintentional drug poisoning and on health care costs. All of the following recommendations should be implemented in concert and collaboration with public health entities and other relevant stakeholders.*

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