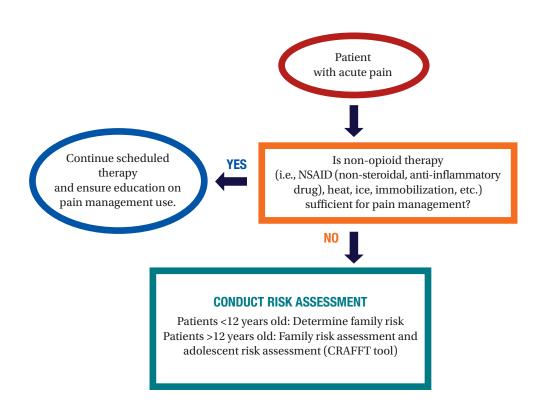
YOUTH PROVIDER OPIOID PRESCRIBING DECISION ALGORITHM

This information is provided by the Delaware Division of Substance Abuse and Mental Health (DSAMH) as a model. Health care providers are encouraged to modify this information and incorporate it into their own practice in a way that best meets their needs and those of their patients.

To give providers a guide for how to evaluate youth and young adults for risk, as well as for how, when, and if to prescribe opioids, this decision algorithm offers useful steps to consider for inpatient, outpatient, and emergency or urgent care situations. Included with this algorithm is a CRAFFT® behavioral health screening tool developed for screening adolescents and young adults, ages 12 to 18, for substance use disorders. The questions are designed to determine whether further assessment and conversation around substance use and risks are warranted. Two or more "yes" answers on any of the nine CRAFFT questions indicates that the patient is at moderate to high risk for opioid misuse.



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CONDUCT RISK ASSESSMENT

Patients <12 years old: Determine family risk Patients >12 years old: Family risk assessment and adolescent risk assessment (CRAFFT tool)

NO OR LOW RISK

MODERATE TO HIGH RISK

PROCEED WITH CAUTIOUS USE AND PRESCRIPTION OF OPIOID THERAPY:

- Limit amount of opioids prescribed.
- Prescribe short-acting opioids only.
- Educate patient and family on the risks of opioid abuse and diversion, safe storage and disposal, and bowel regimen.
- Discuss goals and expectations for pain management.
- Accompany opioid therapy with multimodal therapy.

CONSIDER THE FOLLOWING OPTIONS PRIOR TO PRESCRIBING OPIOID THERAPY:

- Discuss concern with patient and/or caregiver.
- · Consult with social worker.
- · Consult with patient's primary care provider.
- · Check with Delaware's PMP.
- Order a urine drug screen.
- Refer to a substance abuse treatment center.

IF DISCHARGING FROM

- Limit amount prescribed to a maximum of three days.
- Advise patients with persistent pain to follow up with primary care provider or subspecialists for re-evaluation.

IF DISCHARGING FROM INPATIENT SERVICE:

- Limit amount prescribed to a maximum of seven days.
- If ongoing acute pain is likely:
 - Ensure there is verbal communication with primary care provider prior to discharge.
 - Ensure primary care provider or subspecialist follow-up appointment is scheduled within seven days.

IF DISCHARGING FROM AMBULATORY SERVICE:

- Limit amount prescribed to a maximum of three to seven days.
- If ongoing acute pain is likely, ensure primary care provider or subspecialist follow-up appointment is scheduled within seven days.

Does

Off the pathway

Does the patient's family request a refill or second outpatient opioid prescription?

YES

Providers should check the PMP when first prescribing opioids for a patient. If that was not accomplished initially, Delaware law requires providers (or their delegates) to check the PMP database before prescribing a refill or second outpatient opioid prescription.

Source: Clinical Pathway: Opioid Prescribing Practices; Children's Hospital of Colorado.



