Opioid Tapering Checklist

Consider tapering to a lower dose or discontinuing opioid therapy when any of the following apply:

- The total daily dose >90 morphine milligram equivalents (MME) per day.
- The patient requests a dose reduction.
- Pain has resolved.
- Patient is experiencing unmanageable and/or intolerable side effects.
- There is no meaningful improvement in function.
- Quality of life fails to improve despite reasonable titration.
- Patient's physical, emotional, or social functioning deteriorates due to opioid therapy.
- Patient is taking opioids and benzodiazepines or other central nervous system depressants.
- Opioid treatment is ineffective (lack of efficacy may also be cause for dose increase based on prescriber's clinical judgement).
- Signs of overdose risk exist such as confusion, sedation, or slurred speech.
- Patient is taking >1 long-acting opioid.
- Patient has opioid hyperalgesia (an abnormally heightened sensitivity to pain brought on by opioid use).

Sources:

1. Centers for Disease Control and Prevention. Pocket Guide: Tapering Opioids for Chronic Pain. Available at: https://www.cdc.gov/drugoverdose/pdf/clinical_pocket_guide_tapering-a.pdf. Accessed August 12, 2019.
2. Intermountain Healthcare. Tapering Opioid Pain Medication Care Process Model. June 2018. Available at https://kr.ihc.com/ckr/Dcmnt?ncid=529635092&tfrm=default. Accessed August 12, 2019.

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