Any patient who is taking an opioid based medication can be at risk for difficult to control post-operative pain and complications. After surgery patients often require more opioids to treat acute pain resulting in unintended medical consequences. However, this tool should not be applied to patients undergoing active cancer treatment, palliative care or end-of-life care. Patients in an addiction treatment program may not be appropriate for taper and this should be discussed with the treating provider prior to surgery.

Patients at high risk for post-operative analgesic related complications and may benefit from taper include:

- Patient is taking >50 MME*
- Any patient taking a combination of opioid and benzodiazepine
- Patients who show no functional improvement while on opioid therapy
- Patients who show signs of a substance use disorder
- Any patient who has experienced overdose or significant sedation while on opioid
- Patients who have a history of requiring IV hydromorphone for pain control**
- Patient with significant renal or hepatic impairment

Note: patients taking >100 MME are at significant risk of death secondary to opioid therapy and opioid reduction is advised prior to elective surgery***

If any of the above are present, a strategy for perioperative opioid optimization should be considered.

*MME = milligrams morphine equivalents in a 24 hr. period of time

**IV hydromorphone has been shown to be an independent risk factor for post-operative respiratory depression: Taylor S. et al. Am. J. Surg. 2005 Nov, 190(5):752-6

*** Bohnert et al. Jama 2011, 305(13):1315-1321