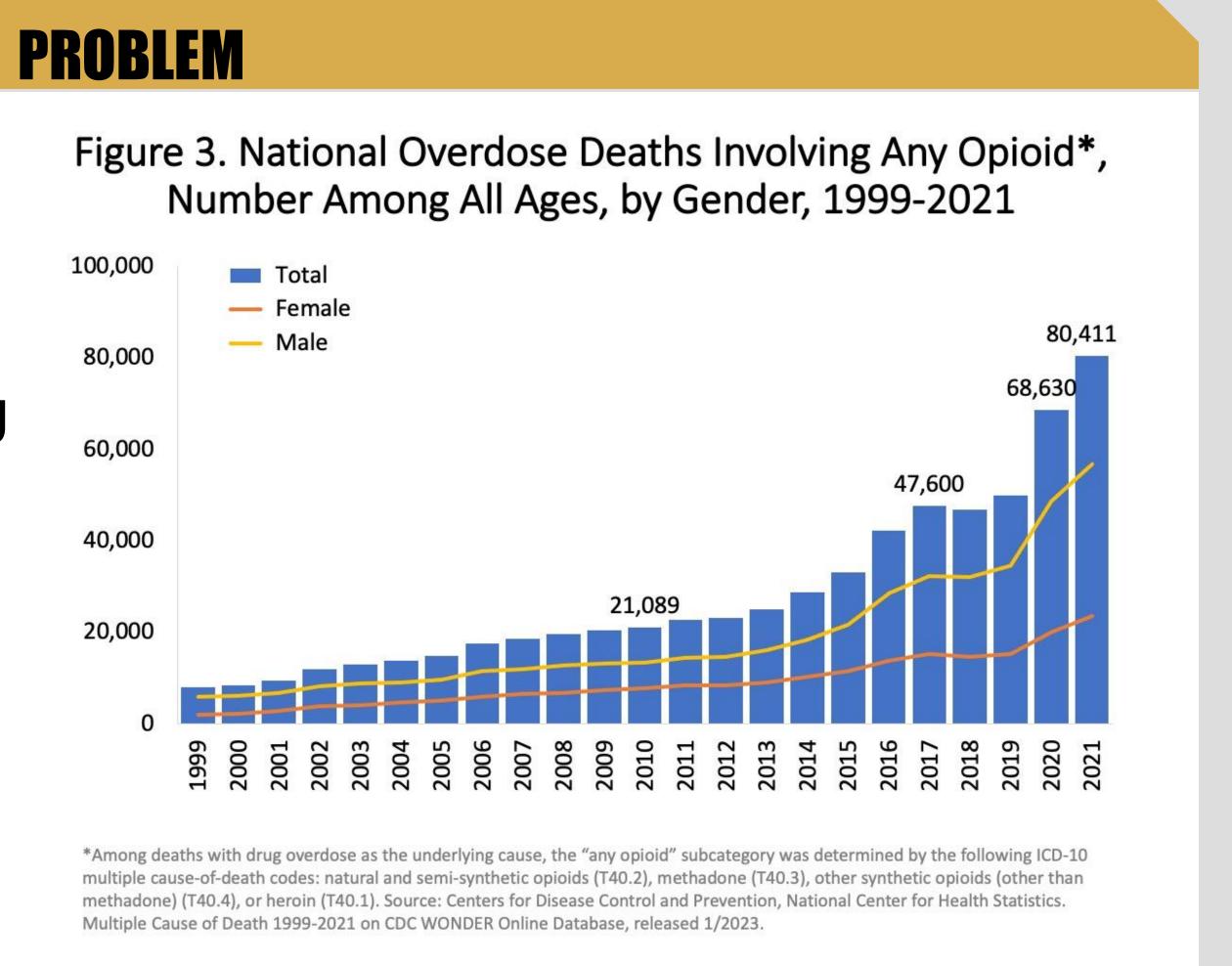
Clinical Decision Support for Individualized Opioid Prescription after Caesarean Birth

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VCLIC CORE TEAM

Historically, mothers who have delivered via cesarean section have been given a uniform prescription of 30 tablets of 5mg hydrocodone independent of individual need. Patients rarely need 30 tablets of hydrocodone after discharge, so this practice often resulted in the overprescription of opioids.



Dr. Osmundson's team developed a predictive model that uses three input variables (inpatient MME, depression, and tobacco use) to generate a recommendation for the number of opioid tablets an individual patient should be prescribed at discharge.

Table 2: Predicted mean MME¹ use after discharge based on sample inpatient opioid use Inpatient opioid Predicted Mean **Predicted Mean** Tobacco Use Depression (MME) used² tablets3 used Yes Yes 32.1 52.8 63.4 81.3 54.5 71.6 20 Yes

Yes

20

101.2

¹MME = Morphine Milligram Equivalents of opioid ²MME used in the 24 hours prior to hospital discharge

³Based on assumption that tablet type is hydrocodone 5mg

METHODS

SOLUTION

Our team developed a BestPractice Advisory to implement the predictive model into the EHR. The BestPractice Advisory (right) shows the prescribing clinician the recommended number of opioid tablets to prescribe in the discharge navigator and in the order panel based on each individual patient's need.

The patient in the example was only recommended 10 tablets of hydrocodone 5mg. Without the intervention of the BPA, this patient, who only needed 10 tablets, would have been prescribed 30 tablets.

