



Compass SHARP in Practice Microlearning Series



Module 1: Opioid-Naïve Surgical Patient – Avoiding Overprescribing

Welcome to Compass SHARP in Practice, a quick high-yield learning session made for busy healthcare professionals like you. In each episode, our Compass coaches will explore a real-world case, define a clinical goal, and walk through practical strategies to improve care. Whether you're tuning in via video, audio, or reading the summary, we hope to sharpen your skills and build knowledge that helps you better care for your patients.

A Patient Case

A 45-year-old patient undergoes a laparoscopic colostectomy. At discharge, the family is told to stay ahead of the pain by giving oxycodone before it gets bad. The surgeon's discharge orders include 30 tablets, even though the patient has never taken opioids before.

It's a familiar scenario. Historically, surgical discharge prescriptions have been driven by habit, not data. But evidence now tells a different story. Most patients after minimally invasive surgery, such as laparoscopic cholecystectomy, use fewer than 10 opioid tablets—and many use none at all. Large studies confirm that 60–70% of prescribed tablets go unused, and most of those leftovers remain unsecured, becoming a silent source of misuse, diversion, and accidental ingestion.

Goal

Our goal in this module is to apply evidence-based opioid stewardship principles that reduce unnecessary exposure, minimize harm, and align with national perioperative safety standards. We'll focus on three key strategies that help surgical teams prescribe safely and consistently.

First, use multimodal non-opioid analgesia as the foundation for pain control. Research shows that scheduled acetaminophen and NSAIDs effectively manage most post-surgical pain without the risks associated with opioids. These medications work through different mechanisms. One reduces inflammation, and the other modulates central pain signaling. Together they provide strong pain relief without sedation or respiratory depression. Used together, they can significantly reduce or even eliminate the need for opioids.

Second, tailor prescribing and education to the patient. For procedures like laparoscopic colostectomy, most patients need only five to ten tablets, if any at all. Resources such as [Compass SHARP](#) and [Michigan OPEN](#) offer evidence-based recommendations for expected opioid use after common procedures. In patient education, nurses play a vital role in setting expectations that some discomfort is normal and even helpful for healing. They also reinforce that the goal of pain management is tolerability, not complete elimination of pain.

Third, ensure safe transitions and track outcomes. Quality teams can monitor the number of tablets prescribed, refill rates, and satisfaction scores to ensure that smaller prescriptions still meet patient needs and that surgical teams prescribe consistently across patients.



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Back to the Case

So let's revisit our gallbladder patient to see what happens when we apply what we've learned.

This time, the discharge plan includes scheduled 650 milligrams of acetaminophen and 400 milligrams of ibuprofen every six hours, with only five oxycodone tablets for breakthrough pain. Before leaving the hospital, the nursing staff provide focused pain counseling, encouraging the use of non-opioid medications first and reserving opioids for times when pain limits activity or sleep. They also explain how to store medications safely and how to dispose of any leftover pills properly.

The patient recovers comfortably, reports satisfaction with pain control, and most importantly is not exposed to unnecessary risk from overprescribing.

Takeaways

- Partner with prescribers to ensure default opioid quantities are updated to reflect procedure-specific evidence.
- Reinforce patient and family education before discharge, emphasizing non-opioid medications first, opioids as rescues, and tailoring patient pain management to tolerability.
- Track prescribing data, such as average tablet use and refill rates to identify improvement opportunities.
- Remember, safe care means prescribing thoughtfully, not generously.

Thank You

Compass SHARP in Practice is brought to you through the generous support of the Iowa Department of Health and Human Services and produced by the Compass Healthcare Collaborative.

Thank you for all you do caring for your patients.