Compass SHARP

Compass SHARP in Practice Microlearning Series

COMPASS HEALTHCARE COLLABORATIVE

Sustainable Healthcare Transformation

Module 6: Safe Prescribing at Discharge

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 54-year-old woman undergoes a routine hysterectomy. Her surgeon plans to discharge her with a prescription for 60 oxycodone tablets, a long-standing standard for major abdominal surgery. The prescription is written before reviewing the patient's actual pain needs, before checking the state prescription drug monitoring program (PDMP), and without confirming whether non-opioid options were optimized during recovery.

This scenario is all too common. Historically, discharge prescribing has been driven more by habit or convenience than by data, and the consequences are clear: over-prescribing, leftover medications, and unnecessary opioid exposure.

Goal

Our goal in this module is to promote safe, evidence-based discharge prescribing practices that protect patients, reduce community risk, and align with national standards for opioid stewardship.

First, right-size every prescription using evidence-based guidance. Procedure-specific prescribing recommendations now exist for many common surgeries, providing realistic, data-driven ranges for discharge opioid quantities. These guidelines replace outdated, one-size-fits-all habits with orders that reflect actual need—often 5 to 10 tablets rather than 60. Nurses and pharmacists play a key role by confirming discharge quantities and prompting prescribers when prescriptions exceed recommended limits.

Second, make non-opioid analgesia the default, not the backup. Patients recover better when multimodal therapy continues after discharge. Scheduled acetaminophen and NSAIDs form the foundation of home pain management, reducing reliance on opioids and supporting faster functional recovery. Quality teams can ensure discharge instructions clearly describe these regimens, including timing, duration, and safe over-the-counter use.

Third, check before you prescribe. A quick review of the PDMP can identify duplicate prescriptions, chronic opioid use, or concurrent sedative use that increases overdose risk. This simple step adds an important layer of safety and ensures continuity of care across providers.

Back to the Case

Let's revisit our hysterectomy patient to see what happens when we apply what we've learned.

Before discharge, her in-hospital pain control is reviewed. She has been comfortable with scheduled acetaminophen and ibuprofen, requiring only two doses of oxycodone over three days. Instead of the standard 60-tablet prescription, her surgeon prescribes five tablets for breakthrough pain only. She verifies her PDMP history and documents her pain plan in the discharge note.

The nurse reviews expectations: mild to moderate pain is normal, movement aids recovery, and opioids should only be used if pain limits activity or rest. At follow-up, the patient reports excellent pain control and no unused opioids at home.

Takeaways

- Build discharge prescribing templates that include procedure-specific quantity limits and prompts to review the PDMP.
- Ensure nursing discharge checklists include patient pain education and documentation of non-opioid medication use.
- Audit prescribing data quarterly to track trends and identify outliers.
- Celebrate teams that safely reduce opioid quantities while maintaining patient satisfaction and comfort.

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.