

## NR565 week three discussion

David Ball, a 45-year-old male, is currently taking hydromorphone (Dilaudid) 4mg PO QID for chronic pain from fibromyalgia.

1. Introduce your client, their situation, and their medication regimen. Calculate and describe your client's daily morphine milligram equivalents (MME). Provide your calculations and a rationale for your answer. Refer to [this link](#) [Links to an external site.](#) for reference.

This is Mr. David Ball. He is a 45-year-old male. He has been diagnosed with fibromyalgia and suffers from chronic pain. He is currently prescribed Hydromorphone (Dilaudid) 4mg PO QID. This means he is taking 4mg of Hydromorphone (Dilaudid) by mouth 4 times daily.

The CDC uses a conversion table called morphine milligram equivalent doses for commonly prescribed opioids for pain management (Dowell et al., 2022). Using the conversion factor for each opioid on the table, you multiply the dose by the dose of the morphine milligram equivalent (MME) (Dowell et al., 2022). All doses are by the daily milligrams (Dowell, 2022). The CDC's guidelines states that 5 is the conversion factor for Hydromorphone (Dowell et al., 2022).

MME calculation for this patient: 4mg Hydromorphone (Dilaudid) X 4 doses daily= 16mg total

16mg total X 5= 80 MME total for Mr. David Ball.

2. Discuss how your client's daily MME falls above or below the threshold for additional consideration. How do you know?

The CDC's opioid guidelines show evidence of MME/day being greater than 50 being at risk for opioid misuse and overdose death (Dowell et al., 2022). There is an increased risk for overdose when using opioid dosages for chronic pain of greater than 50 and less than 100 MME/day and the risk increases by 2.0-8.9 times higher when MME/day dose goes up compared to when the opioid dosage of less than 20 MME/day at a risk score of 1 (Dowell et al., 2022). Mr. David Ball has a score of 80 MME total for the day. This places him at a high risk for opioid misuse and overdose death. Additional considerations when MME doses are high like Mr. David Ball's would be slowly tapering the opioid. Clinicians should work closely with patients to taper and lower their opioid dosages based on individual circumstances, if the benefits do not outweigh the risks when using opioid therapy (Dowell et al., 2022).