

**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.**

The patient's name is Geraldine Marzec, she is a 60-year-old female who is currently taking oxycodone ER (OxyContin) 20mg by mouth twice a day. She was prescribed this medication for chronic lower back pain from an old injury. Using the Chamberlain reference of the CDC prescribing guidelines the conversion factor of the Morphine milligram equivalent dosing is 1.5. 40mg/day x 1.5 is equal to 60MME a day.

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

According to Rosenthal & Burchum (2021), prescribing opioids greater than 50MME the prescriber should weigh the benefits with the risk. As Ms. Marzec is above 50MME, her benefits should be outweighed with the risk of taking this opioid. This puts her above the threshold. The CDC states starting off with the lowest dose for opioid with a single dose of approximately 5-10MME or daily dosage of 20-30 MME/day, they continue to state that increasing opioid dosage above 50 MME do not cause patients any benefits in pain or function but increased to more risk (Dowell et al, 2022). Again, the benefits should be weighed with the risk with Ms. Marzec chronic pain.

**3. Consider the need for additional considerations given the total MME, the limited information available in the case, and the risks for overdose. What other consultations, prescriptions, and education may be required given their current individual circumstances and medications?**

The CDC recommends non-opioid therapy to start when it comes to any back pain, acute or chronic. These can include activities such as low impact exercises, mind-body practices (yoga, tai-chi), and heat therapies. Not knowing what injury caused Ms. Marzec chronic back pain, we could consult a pain specialist in management with her pain. The CDC recommends incorporating a pain specialist with complex pain syndrome. Some back pain that includes nerve damage or pain to other limbs can be considered complex pain syndrome, it does not state whether her pain is strictly to her back so we can assume that it is traveling to other areas if nerves are involved, and this would qualify as complex pain syndrome. Education that can be provided is the risk that Ms. Marzec is taking while taking her high dose of oxycodone for long periods of time. These risks include drug dependence, respiratory depression, overdose, fractures, falls, and death.

**4. Consider the appropriateness of your client's medication regimen. According to the CPG, what other prescriptions may be more appropriate for their individual circumstances? If no change is needed or warranted according to the CPG, state that with support from the CPG.**

Other prescriptions that could be trialed are NSAIDs or acetaminophen. These are non-opioid pain relievers that are suggested that work to decrease inflammation. The CDC recommends that if the NAID or Tylenol does not work to try duloxetine in patients that are without contraindications. Duloxetine is a serotonin-norepinephrine reuptake inhibitor, it inhibits some of the receptors in the brain