

1. In this scenario, I had the patient Terrence Brown, a 71-year-old male, is currently taking oxycodone 10mg/acetaminophen 325mg (Percocet) QID for neuropathic pain from diabetic peripheral neuropathy. When patients are started on opioid medication, they should be started on the lowest effective dosage. The morphine milligram equivalents (MME) based on the table provided was 1.5 so when calculating his MME, you would do 10 mg, 4 times a day, which would be a total of 40 mg, multiple that by the MME found on the chart which was 1.5, and that equals 60 MME per day.
2. According to the CDC guidelines, when a provider is prescribing opioids for pain, they should be careful in making sure that they are not prescribing over the daily MME dose. The CDC guidelines states that increasing the dosage should be greater than or equal to 50 MME/day but should avoid greater than or equal to 90 MME/day. When patients take more than 90 MME/ day of opioids, they are at higher risk for overdose, sedation, and respiratory depression. For this situation, our patient would be less than the MME/ day allowance of opioid drugs based on my MME drug calculations.
3. There are many risks for prescribing over the daily allowance of MME for opioid medications. Like stated before, if you prescribe over the 90 MME/day allowance, patients are at risk for overdose, respiratory depression, and sedation. I think that any patient with an opioid prescription should have a consultation with a pain management team to make sure that the opioid prescriptions are being followed up on and to make sure the dosage is effective for the patient with minimal side effects. I do also believe, that with any type of medications, patients should be educated on what the medication is for, side effects of the medications, risks of overdose, as well as correct dosages and when to take the medications.
4. For our patient specifically, he is being treated for a neuropathic pain from his diabetic neuropathy. While I think that these patients are in pain, it is more of a neuropathic pain and might be treated better with medications that specifically target neuropathic pain such as Gabapentin. This would be something that he should follow up with the pain management specialist about because the opioid medication should not just be stopped and the changes in dosage should be monitored to make sure that the patient is not having any withdrawal symptoms but also is still having adequate pain control.