Opioids for Children & Adolescents: Information for Oral Health Professionals

The United States is facing a severe opioid addiction epidemic. Nearly 25 percent of the first opioid prescriptions for children and adolescents come from dentists.

Acetaminophen used alone to treat pain in children and adolescents is associated with fewer side effects and contraindications than any other analgesic or drug combination. Using acetaminophen in combination with nonopioid nonsteroidal anti-inflammatory drugs (NSAIDs) can be as effective as opioid combinations, with fewer side effects. Less than one-half of opioids prescribed after surgical tooth extraction are used by the individuals to whom they were prescribed. Dentists have an opportunity to reduce potential drug misuse and prevent diversion by decreasing the quantity of opioids they prescribe.

**BEST PRACTICES FOR CARE**

**Assess Children and Adolescents**

- Keep in mind that effective pain management depends on the individual child or adolescent, the extent of treatment, the duration of the procedure, psychological factors, and the child’s or adolescent’s medical history.
- Learn what medications, including over-the-counter (OTC) medications, the child or adolescent is taking. Consult a pharmacist if you are concerned about interactions between medications.
- Check the Prescription Drug Monitoring Program (PDMP) to determine whether the child or adolescent has frequently been prescribed opioids, to help prevent harmful drug interactions, and to assist you with providing the support needed for patients with complicated pain management needs.
- For a child or adolescent who is taking opioids on a regular basis or who has a history of substance misuse, coordinate pain therapy with their primary care health professional before the procedure whenever possible. As the dentist, you can co-prescribe naloxone with any opioid medication. If a child or adolescent has a substance misuse treatment specialist or a pain management specialist, these specialists could also provide assistance.

**Be Aware of Potential for Misuse and Abuse**

- For any child or adolescent reporting unexpectedly prolonged dental pain, conduct an assessment in the dental office or clinic for any underlying cause and consider whether use of opioids is appropriate.
- If opioids are prescribed, write a prescription only for the quantity needed. Prescribe refills only if needed.

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Tips to Share with Parents

Adapted from:

**Recommend a Non-Opioid Medication**

- Emphasize the effectiveness of acetaminophen, NSAIDs, or a combination of acetaminophen and NSAIDs for pain relief.
- When recommending acetaminophen, counsel the child or adolescent and their parents that taking more than recommended can cause liver damage.
- If a patient is taking Vicodin or Percocet, counsel the child or adolescent and their parents about avoiding other OTC medications containing acetaminophen.
- Be aware that NSAIDs may cause bleeding from surgical sites; therefore, recommend them with caution after surgery.

**Prescribe Opioids with Caution**

- If opioids are prescribed, it should be for a short duration and for acute pain that acetaminophen, NSAIDs, or a combination of both cannot control. When opioids are indicated, choose the lowest potency opioid needed to relieve pain.
- The PDMP is a helpful clinical tool that allows health care providers access at the point of care to their patients' complete CDS prescription history. In 2017 and 2018, Maryland implemented a PDMP Registration and Use Mandate, requiring prescribers and dispensers to search the PDMP in certain situations. However, it is recommended providers check the PDMP any time a prescriber and patient are making clinical decisions regarding a controlled substance, including opioids. Please visit MarylandPDMP.org for more information.
- If you have received a referral from another dentist, be aware that the child or adolescent may have been prescribed an analgesic.
- Unless you have training and experience in the use of opioids for the treatment of chronic facial pain, do not prescribe long-acting or extended-release opioids.

**Create a Safe and Friendly Environment**

- Provide a calm environment making sure that the patients and their parents feel heard. Ensure emotional support for children and adolescents before and during procedures, which can improve pain management.
- Encourage parents to remain calm when with their child or adolescent. Parental behavior that signals threat and evokes fear in their child or adolescent.

Learn about using non-opioid medication to manage oral pain.
Know your child’s or adolescent’s pain medications.
Keep track of your child’s or use of medications and ensure that only the prescribed amount is used.
Discard unused medications. Drop off any remaining medication at your local medication drop box or mix medicine (do not crush) with an unpalatable substance such as cat litter, dirt, or coffee grounds and place in the trash.
Safely store medications in a locked cabinet in your home.
Talk to your child or adolescent about the risks of opioid addiction, and let them know they can talk to you if they have experienced substance misuse.
Keep Naloxone in the house.
For information and resources, see the National Institute on Drug Abuse for Teens website.