

Quick Reference for Assessing Appropriate Quantities in Acute Pain

Excessive quantities

If Prescription is written for:	Then:
< 20 tablets	➤ Quantity likely OK
21 to 50 tablets	➤ Consider smaller quantity
> 50 tablets	➤ Quantity too large for most circumstances. Recommend smaller quantity.

Appropriate quantities

Primary Care Setting (outside hospital)	Hospital Setting (e.g. postoperatively, fractures)
Usually 3 days duration	Usually up to 7 days duration
10 to 15 tablets reasonable	Up to 20 tablets (see below for exceptions*)

(*Notable exclusions include hip, knee replacement, modified radical mastectomy, shoulder surgery, mastectomy with reconstruction, open chest, abdominal surgery (whipples, esophagectomy, liver resection), thoracotomy, spinal surgery.)

Note: Ontario Health (Quality) recommends

- **non-opioids for a short time if appropriate** (e.g. if no contraindications), with opioid add-on if needed.
- **low potency, immediate release opioids for acute pain.**

Maximum Daily Opioid Quantities to stay within 50 Milligram Morphine Equivalents (MME)

Immediate release opioid	Strength per tablet	≤50 MME per day (number of tablets)
Codeine	15 mg	22
	30 mg	11
Morphine	5 mg	10
	10 mg	5
Oxycodone	5 mg	6
	10 mg	3
Hydromorphone	1 mg	10
	2 mg	5
Tramadol*	37.5mg	8 ¹
	50mg	6 ²

*A range of estimates have been reported for tramadol's equivalence to morphine. The following tramadol drug monographs were referred to for the above information. 1. Tramacet Monograph. Janssen. Date of Revision: July 11, 2019. 2. Ultram Monograph. Janssen. Date of Revision: July 11, 2019.