

CADTH Reference List

# Guidelines Regarding Split Dosing of Opioids for Patients in Hospital

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## Key Message

No evidence-based guidelines about the use of split doses of opioids for patients in hospital requiring pain management were identified.

## Research Question

What are the evidence-based guidelines regarding the use of split doses of opioids for patients in hospital requiring pain management?

## Methods

### Literature Search Methods

A limited literature search was conducted by an information specialist on key resources including MEDLINE, Embase, the Cochrane Database of Systematic Reviews, and the International HTA Database, as well as a focused internet search. The search strategy comprised both controlled vocabulary, such as the National Library of Medicine's MeSH (Medical Subject Headings), and keywords. The main search concepts were dosing and opioids. CADTH-developed search filters were applied to limit retrieval to guidelines. Conference abstracts were excluded. Where possible, retrieval was limited to the human population. The search was completed on June 2, 2022 and limited to English-language documents published since January 1, 2017. Internet links were provided, where available.

### Selection Criteria

One reviewer screened literature search results (titles and abstracts) and selected publications according to the inclusion criteria presented in [Table 1](#). Full texts of study publications were not reviewed. Open access full-text versions of evidence-based guidelines were reviewed when available.

**Table 1: Selection Criteria**

Criteria	Description
Population	Patients in the hospital who require pain management
Intervention	Opioids (e.g., oxycodone, hydromorphone, morphine) provided as a split/top-up dose (e.g., half the dose given immediately, and the other half given an hour later)
Comparator	Not applicable
Outcomes	Recommendations regarding the use of split/top-up doses of opioids (e.g., should nurses provide split/top-up doses of opioids; how much time should elapse between doses?)
Study designs	Evidence-based guidelines

## Results

No relevant evidence-based guidelines about the use of split doses of opioids for patients in hospital requiring pain management were identified.

References of potential interest that did not meet the inclusion criteria are provided in [Appendix 1](#).

## References

Guidelines and Recommendations

No literature identified.

## Appendix 1: References of Potential Interest

### Previous CADTH Reports

1. Smaller quantity opioid prescribing for acute pain: clinical effectiveness and guidelines. (*CADTH Rapid response report: reference list*). Ottawa (ON): CADTH; 2019: <https://www.cadth.ca/smaller-quantity-opioid-prescribing-acute-pain-clinical-effectiveness-and-guidelines>. Accessed 2022 June 6.
2. Smaller quantity opioid prescribing for chronic non-cancer pain: clinical effectiveness and guidelines. (*CADTH Rapid response report: reference list*). Ottawa (ON): CADTH; 2019: <https://www.cadth.ca/smaller-quantity-opioid-prescribing-chronic-non-cancer-pain-clinical-effectiveness-and-guidelines>. Accessed 2022 June 6.

### Non-Randomized Studies

3. Nanji JA, Guo N, Riley ET, Faulkner B, Do C, Carvalho B. Evaluation of opioid use with split doses of oral opioids in a postcesarean delivery analgesia order set. *Obstet Gynecol*. 2019 Jul;134(1):120-127. [PubMed](#)

### Guidelines and Recommendations - Not Specific to Split Dosing of Opioids

4. Pharmacologic stepwise multimodal approach for postpartum pain management: ACOG Clinical Consensus No. 1. *Obstet Gynecol*. 2021 Sep 1;138(3):507-517. [PubMed](#)