



Victory Physicians Narcotic Taper Instructions

These are instructions to assist patients in tapering off their narcotics. There is no set way to do it but there is one overriding concept. The faster you go the more discomfort you will suffer. In general the number one reason patients fail is because they attempt to go too fast and have to reinstate a higher dose. In our experience dropping the overall amount by 30 pills a month of similar strength is the best way to go until a monthly amount of 120 is reached. For example, a patient who is taking two Norco every six hours ie. 8 a day would drop it down to 7 a day choosing one interval to take only one pill instead of two. The next month, dropping by another 30 pills would allot 6 per day and so two intervals would be chosen to take only one pill and so on. The initial goal then is to get down to one pill every 6 hours or 120 pills per month.

Once down to 120 pills per month ie. one pill every six hours, the pills can be broken in half and tapered the same way that the full pills were above. So if a patient were taking 10/325 Norco one every six hours, they should start breaking one of those in half and substituting a half pill for a whole pill every two weeks or so. So week one might be 3 a day at 10/325 strength with one pill being split in half for the fourth period. Then 2 weeks later, a second pill would be split in half so that the patient takes two 10/325 per day every six hours but the other two time periods only takes a half a pill. Then two weeks later its one full pill and three half pills a day and two weeks later its 4 half pills a day.

At that point the physician will switch you over to 5/325 strength and every two weeks you will remove one pill each day. So after one week on 5/325 four pills a day we taper to three pills a day for two weeks, then two pills a day for two weeks, then one pill a day for two weeks then stop !

If a patient is not on 10/325 but rather 5/325 they start their taper beginning in the paragraph immediately above this one.

If a patient is on what we call the “long acting short acting protocol” whereby they are on long acting opiates every 8 or 12 hours for around the clock baseline pain coverage and taking short acting opiates for breakthrough pain the taper is just a bit more involved. We begin by tapering the long acting meds first. The doctor will walk you down through a series of dosage decreases based on what strengths the long acting opiates are available in. Once those are tapered off, we begin work on the short acting meds which is essentially starting at the top of this page and working down. At any time we are happy to consult addiction psychiatry to assist you with the taper and there are other meds and techniques that are more advanced that can be utilized. Simply request a consult. Feel free to contact us anytime should you need assistance.

My signature below indicates I have received a set of tapering instructions for narcotic therapy and I will consult the physician should I need assistance.

Signature

Printed Name

Date