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ANESTHESIOLOGY

Volume 139
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ON THE COVER: Overprescription of opioids after surgery remains common, and residual and unnecessarily prescribed opioids can provide a reservoir for nonmedical use. In this issue of ANESTHESIOLOGY, Rolfzen *et al.* tested the hypothesis that a decision-support tool embedded in electronic health records would guide clinicians to prescribe fewer opioids at discharge after inpatient surgery. In an accompanying editorial, Brummett *et al.* stressed the need for best practices and other interventions to ensure safer prescribing and help address the opioid epidemic. Cover illustration: A. Johnson, Vivo Visuals Studio.

- Rolfzen *et al.*: Best Practice Alerts Informed by Inpatient Opioid Intake to Reduce Opioid Prescribing after Surgery (PRIOR): A Cluster Randomized Multiple Crossover Trial, p. 186
- Brummett *et al.*: Best Practice Alerts: A Poke in the Eye or an Efficient Method for Safer Prescribing?, p. 119

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BASIC SCIENCE

Using a variety of high-resolution measurement techniques, the authors found that microvascular vasoconstriction continued after arterial blood pressure had been restored. There was decrease in oxyhemoglobin in the microcirculation that was associated with an unexpected increase in brain tissue oxygen. The vascular reactivity in aged brains was smaller in magnitude but more persistent than that seen in young brains.

Pain Medicine

CLINICAL SCIENCE

In this cluster randomized multiple crossover trial, four hospitals were randomized to alternating 8-week periods with an electronic decision-support tool that recommended tailored discharge opioid prescriptions based on previous inpatient opioid intake. There was no difference in the primary outcome of oral morphine milligram equivalents prescribed at discharge. In the setting of extensive education and increasing awareness of the risks of overprescription, electronic opioid prescription guidance did not significantly reduce opioid prescribing.

Education

CLINICAL FOCUS REVIEW

This review discusses the history and present-day off-label use of recombinant activated factor VII for cardiac surgical bleeding.

REVIEW ARTICLE

Among older adults, spinal and general anesthesia produce similar outcomes across a range of studies. This review highlights key evidence and opportunities for further research.

MIND TO MIND

CORRESPONDENCE

Reviews of Educational Material

Anesthesiology Reflections from the Wood Library-Museum

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