

Adverse Drug Events

Opioid Safety in the Hospital

Nearly every day there is a story in the local or national news discussing the current opioid crisis in America. This crisis has far reaching effects in local communities. Health care professionals have an opportunity to shift the tide of this crisis, and positively impact patients and communities.

There are specific actions that front-line staff can take to ensure patients are receiving opioids safely at the bedside.

- Implement the [Pasero Opioid-Induced Sedation Scale](#) on every patient receiving opioids in the hospital, or in any sedation area — inpatient or outpatient. The [Richmond Agitation-Seduction Scale](#) is recommended for intensive care units.
- Use the [Opioid Knowledge Self-Assessment](#) to identify gaps in prescribers', pharmacists' and nurses' opioid knowledge, and educational needs and improvement efforts. An electronic version may be found at the [Pennsylvania HIIN Organizational Assessment of Safe Opioid Practices](#).
- [The Opioid Adverse Drug Event Prevention Gap Analysis](#) helps identify specific action plans for teams to develop in the following areas: prevention and mitigation strategies; assessment and detection strategies; therapeutic strategies; critical thinking and knowledge strategies; and patient education.
- Review the recently released [new pain assessment and management standards](#) from The Joint Commission. Accredited hospitals will now be required to do the following.
 - identify a leader or team responsible for pain management and safe opioid prescribing
 - involve patients in developing their pain management plans, and setting realistic expectations and measurable goals
 - identify and monitor patients at high risk for opioid-related adverse events

Educating patients regarding opioid use and prescribing guidelines is a critical component of opioid safety. [Resources for Managing Pain and Opioids](#) from John Hopkins are available to help offer several patient



Be part of the
HIIN CROWD

Innovate. Exnovate.
Improve. Inspire.

HIINnovate by getting pharmacists involved! Layering — adding opioids to other respiratory depressants, such as benzodiazepines or hypnotics, or stacking — administration of multiple opioids from separate orders, are common causes of over-sedation and a leading safety concern. Dr. Steve Tremain, with Cynosure Health, states, “Often many different physicians are prescribing pain medications (and other medications that have risks for respiratory depression) for the same patient during a hospital stay allowing for this layering and stacking to occur. **A pharmacist-led protocol** allows for the pharmacist to oversee and manage the risk posed with duplicate orders. When duplicate pain medication orders are present for the same indication or pain scale, this protocol directs the pharmacist to retain one order (often the most recent) and discontinue, without a physician’s order, all of the other duplicate orders.” View sample protocols.

- [Sample One](#)
- [Sample Two](#)

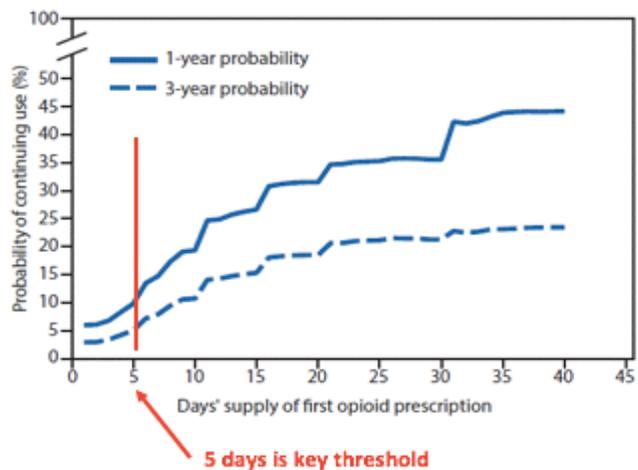
HRET HIIN Resources:

- Wake UP is a cross-cutting strategy to manage patient pain and prevent harm from opioids. Find all UP Campaign resources [here](#).
- [MHA’s Opioid Initiative Resource](#) page
- [ADE change package](#)
- [ADE top-10 checklist](#)
- [ADE-focused webinars](#)
- [Adjuncts and alternatives to opioids for pain](#)

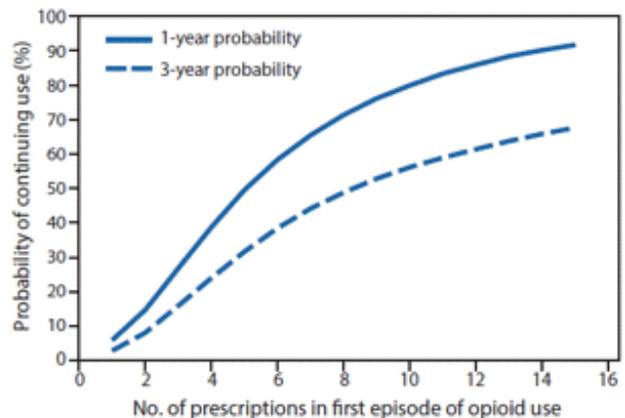
Data Corner

The Centers for Disease Control and Prevention recently released findings regarding the link between the number of days of opioid therapy prescribed in the initial prescription for a patient not routinely taking opioids, and the risk for long-term addiction.²

If the first prescription is five or more days of opioid treatment, then the risk of addiction trends sharply upward.



If the patient receives a second prescription ... look out!



¹ The Joint Commission Perspectives. (2017, July) Volume 37, No. 7. Retrieved from https://www.jointcommission.org/assets/1/18/Joint_Commission_Enhances_Pain_Assessment_and_Management_Requirements_for_Accredited_Hospitals1.PDF

² Shah, A., Hayes, C. & Martin, B. (2017, March). Characteristics of initial prescription episodes and likelihood of long-term opioid use — United States, 2006–2015. *Morbidity and Mortality Weekly Report*, 66(10), 265–269. doi: <http://dx.doi.org/10.15585/mmwr.mm6610a1>