

Patient Safety and Opioid Therapy: Nursing's Key Role



MALPRACTICE TRUST

THE PHYSICIANS TRUST

WORKERS' COMPENSATION TRUST



Objectives

- Describe the risk factors associated with use of opioid pain therapy.
- Discuss the role of the nurse in pain management.
- Identify actions that can be taken by nurses to ensure safety of patients who are prescribed opioid medications.





Quick review:

- As a refresher, let's recall what opioids are:
 - Drugs that affect the central nervous system (CNS) and decrease the intensity of pain,
 - Common opioids include:
 - Heroin
 - Fentanyl
 - Codeine
 - Hydrocodone
 - Morphine





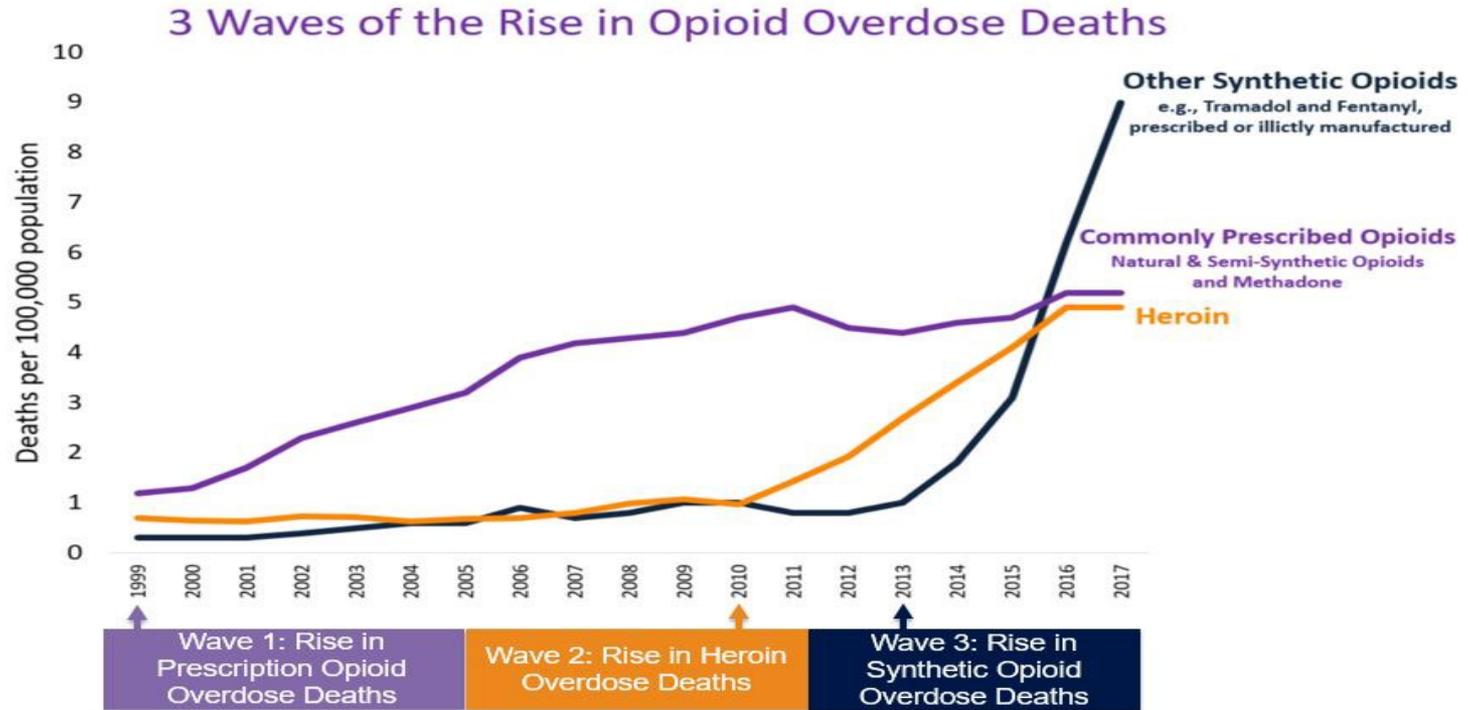
What is the problem?

- Although opioids are highly effective at managing acute pain, they are also highly addictive.
- Anyone who takes opioid medications has the potential to become addicted.
- Use of these medications raises the risk of death from overdose or oversedation.





The Facts:

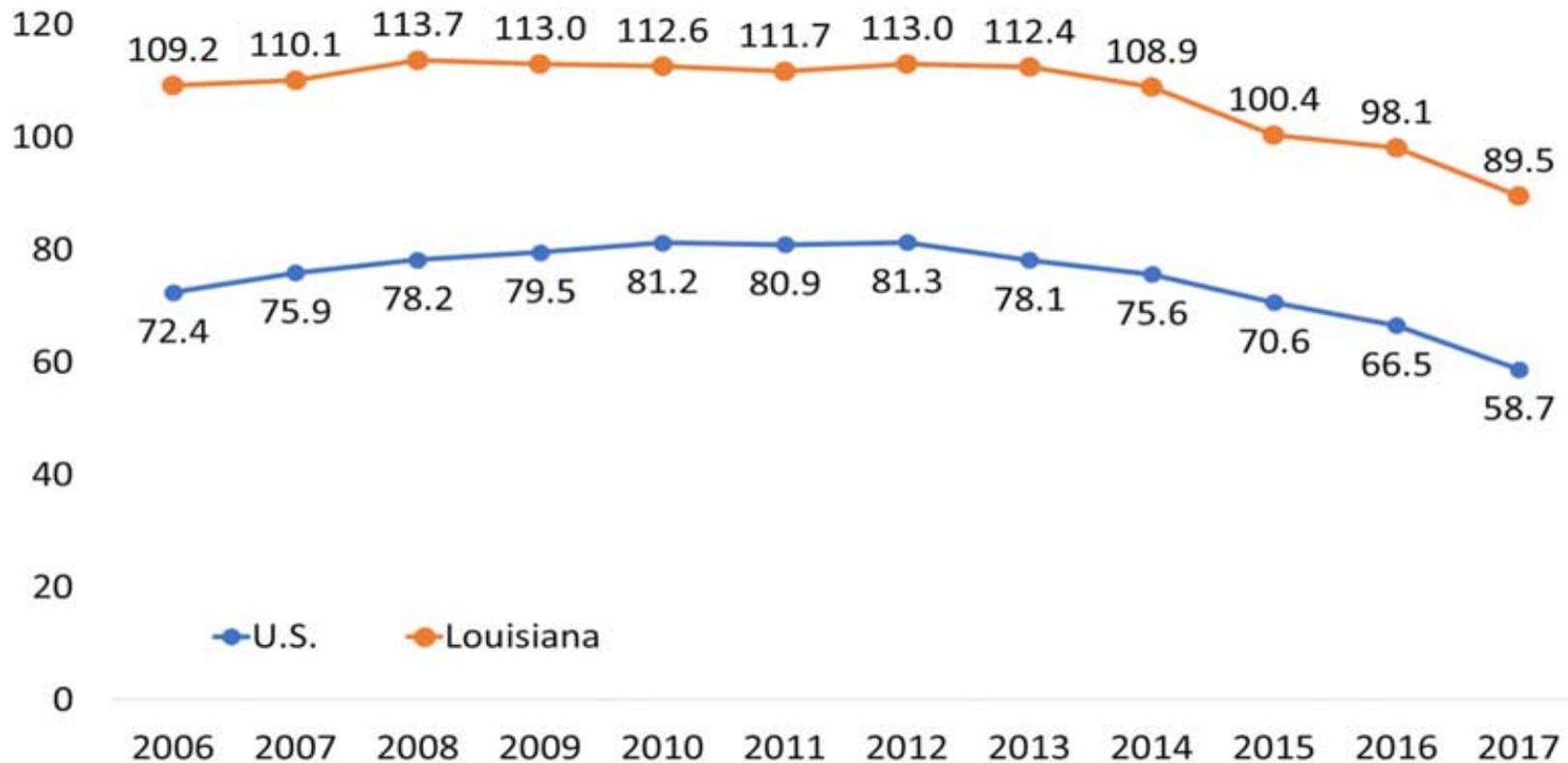


SOURCE: National Vital Statistics System Mortality File.

The use of opioids of all kinds (heroin, prescription and synthetic) have significantly increased since 1999.



Louisiana Prescribing is Higher than National Average:



The U.S. and Louisiana opioid prescribing rate per 100 persons.
Source: CDC and IQVIA Xponent 2006-2017.



What do nurses need to know:

- Nurses are in a key position to help keep patients safe by:
 - Accurate medication history,
 - Use of objective pain assessment scales,
 - Knowledge of patient risk factors,
 - Educating patients and families,
 - Monitoring patient response to therapy,
 - Advocating for the patient thru communication with physician





Medication History

- Obtaining the most accurate medication history is very important because:
 - Some other medications, used in combination with opioids, can be dangerous.
 - Benzodiazepines (Xanax, Valium) also act on the CNS and can potentiate the action of the opioid increasing the risks overdose/death.
 - It is necessary to determine tolerance vs. naivety with opioids since this will impact medication management.





Opioid Tolerant vs. Opioid Naive

Opioid Tolerant – the FDA considers people to be in this category if the recently received at least one of the following for 1 week or greater:

60 mg oral morphine/day

25 mcg transdermal fentanyl/hour

30 mg oral oxycodone/day

8 mg oral hydromorphone/day

25 mg oral oxymorphone/day

an equianalgesic dose of another opioid.

If a person does not meet the criteria above they are known as **Opioid Naïve**.





Why is Tolerant vs. Naïve important?

- Tolerant
 - May take more than the usual dose to achieve the desired affect,
 - Often associated with presence of chronic pain.
- Naïve
 - At higher risk of over-sedation and aspiration,
 - Has not been taking opioids for any reason.





Pain Evaluation

- Various scales are available. Use the scale endorsed by your organization and appropriate for the patient.
- In addition to the pain scale, document objective findings associated with your evaluation such as:
 - The patient's current state of mind, re: laughing, ambulating in room, drowsy, doubled over in pain, crying, etc.
 - Vital signs
 - Description of the pain
 - Exact words the patient uses to describe the pain,
 - Intensity on a pain scale,
 - Where the pain is located,
 - How long the pain has been going on,
 - What types of things make the pain worse,
 - What makes the pain better.



Administered by HSLI



Risk Factors

Thorough patient assessment is imperative in order to identify any risk factors that the patient may have that will make the risk of opioid pain therapy more dangerous:

- Sleep apnea
- Sleep disorders
- Pulmonary disorders
- Morbid obesity
- History of snoring
- History of smoking
- Age > 60
- Post-operative patients, especially post abdominal or thoracic surgery
- Other medications which are prescribed with also cause drowsiness and act on the CNS: benzodiazepines, sedatives, antihistamines, etc.





Patient Education

- The risks associated with using opioid medication for pain management,
 - Addition, overdose, over sedation
 - Warn about use of other medications
 - Discuss risk factors that the patient may have that increase their risks
- Side effects of opioid medications,
- Other treatment options pharmacological and non-pharmacological
- Precautions to take to avoid misuse and abuse
 - Understanding how and why the medication is to be used,
 - Storage and disposal of the medication,
 - Sign and symptoms of reactions,
 - Avoid sharing or selling prescriptions,
 - Nalaxone kits,
 - PCA pump use (if inpatient)



Administered by HSLI



Patient Monitoring

- Post-operative patients (minimum necessary)
 - Vital signs
 - Pain level
 - Respiratory status
 - Can be deceiving, use in conjunction with sedation scale
 - Consider capnography since it is a more sensitive indicator of respiratory function
 - Sedation level
 - Use an objective scale such as Pasero





Patient Monitoring

- Clinic visits:
 - Accurate medication history,
 - Discussion regarding how the medication is being used at home,
 - Monitor the frequency in which the prescription refills are being requested,
 - Discuss how the medication is affecting the patient,
 - Effectiveness
 - Continued need
 - Side effects
 - Consider alternatives to pain management.



Administered by HSLI



Advocacy

- Ensure the physician is aware:
 - If the patient qualifies as opioid tolerant or naïve and any other pertinent history,
 - Of risk factors that may impact the safety of opioid therapy,
 - Effectiveness of the medication on the pain and the patient's response,
 - If the patient is interested in alternatives to opioid therapy.





A few other points:

- Know your organization's policies regarding pain management and post-operative monitoring.
- Be involved and knowledgeable of organizational efforts to prevent misuse and abuse of opioids.
- Be knowledgeable of the risks associated with use of opioid medications for pain management.
 - Don't underestimate the dangers – use caution and close patient monitoring.





Document, document, document!

- Documentation is very important in the event of an adverse event in patient care no matter if you are in the hospital or clinic setting.
- Document clearly your findings and actions in patient care such as:
 - Assessments,
 - Observations or interactions with the patient,
 - Patient/family education,
 - Communication with providers regarding the patient.



Administered by HSLI



The End



Administered by HSLI

MALPRACTICE TRUST

THE PHYSICIANS TRUST

WORKERS' COMPENSATION TRUST