Safe use of opioids national collaborative – local initiatives

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Is there a problem?

- Trigger Tools (Adverse Drug Events)
  - Started 2010, ongoing
- Incident Reporting
  - Voluntary reporting, currently not easy to pull data
- Clinical Interventions (pharmacy)
  - Insufficient information captured to provide enough detail
- Audits
  - Ongoing

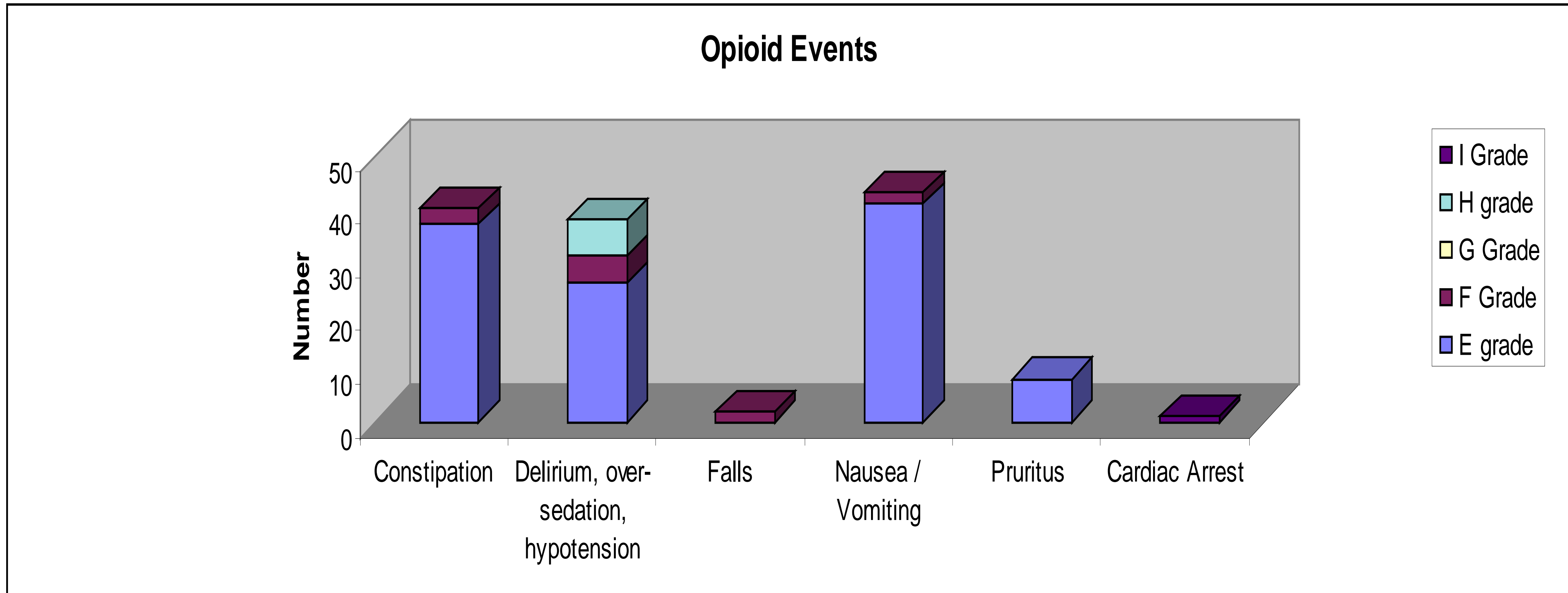
Problem - Tramadol Drops 100 mg/mL

- MHRA Guidelines re use of codeine in children changed June 2013
- Increased use of tramadol drops
- Inappropriate concentration for paediatric use
- Three reported incidents in 6 months
    - Charted tramadol drops 40 mg – 4 mL on paediatric chart
    - Wrong calculation, charted 10 mg, administered 0.8 mL (80 mg)
    - Discharge script tramadol 10 – 20 mg, dispensed as 4 to 8 mL

Solution

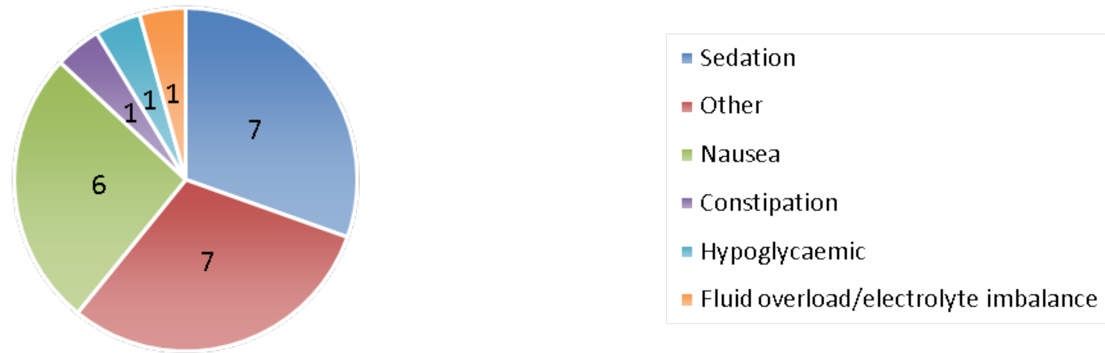
- Discussion nationally with paediatric pharmacists, NZFc and Pharmac
- Formula found for tramadol solution 10 mg/mL solution
- Added to eMixt, available at national level
- Communication with primary care colleagues in Canterbury

Adverse Drug Event Trigger Tool
(Jan 2010- June 2014)



Global Trigger Tools

(Oct 2012 – Mar 2014)



Opioids and constipation

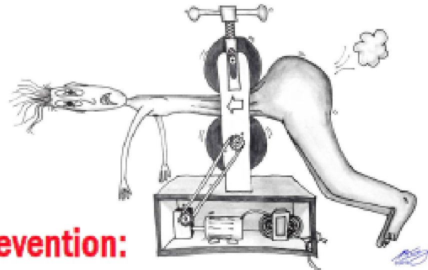
- Spot audit on two wards
- Length of stay > 3 days
- Constipation defined as BNO > 3 days
- Half of all assessed patients became constipated

What to do?

- Poster to raise awareness
- Presentation to nursing staff at handover
- Increased push from clinical pharmacists on wards

Regular Opioids = Regular Laxatives

Opioid-related constipation occurs in up to 90% of patients on opioids. (morphine, oxycodone, fentanyl, codeine and others)



4 Easy Steps for Prevention:

Prescribe	Docusate and senna <u>immediately</u> (Unless major GI surgery—confirm plan with senior staff. Still follow the other 3 steps)
Administer	Give laxatives early—<u>you do not need to wait until day 3</u>. Explain to patient why this is important.
Monitor	Record bowel motions on the observation chart. Record number of days Bowels Not Opened (BNO) in nursing care plan.
Act	Ensure action has been taken by day 3 of BNO. Ensure laxatives are being used. Adjust dose as needed.

1st Line—chart when opioids are initiated:

Docusate & Senna (Laxsol®)	1—2 tablets BD. A stimulant with softener is needed

2nd Line:

Mineral Oil Enema	1 daily p.r.n
Glycerol Suppositories 3.6 g	1-2 daily p.r.n
Micollette Enema	1 p.r.n
Lax-Sachets®	1-2 sachets up to BD. Maximum 8 sachets per day for impaction (Use is restricted by HML : Lactulose must have been tried and rectal preparations considered.)

For advice, contact your Clinical Pharmacist or CNE. August 2014, Pharmacy Dept, CDHB
This guidance is intended for ADULT patients

Canterbury District Health Board
Te Poari Hauora ō Waitaha

Where to from here?

- Documentation on observation chart vs care plan
- Spread poster further across DHB

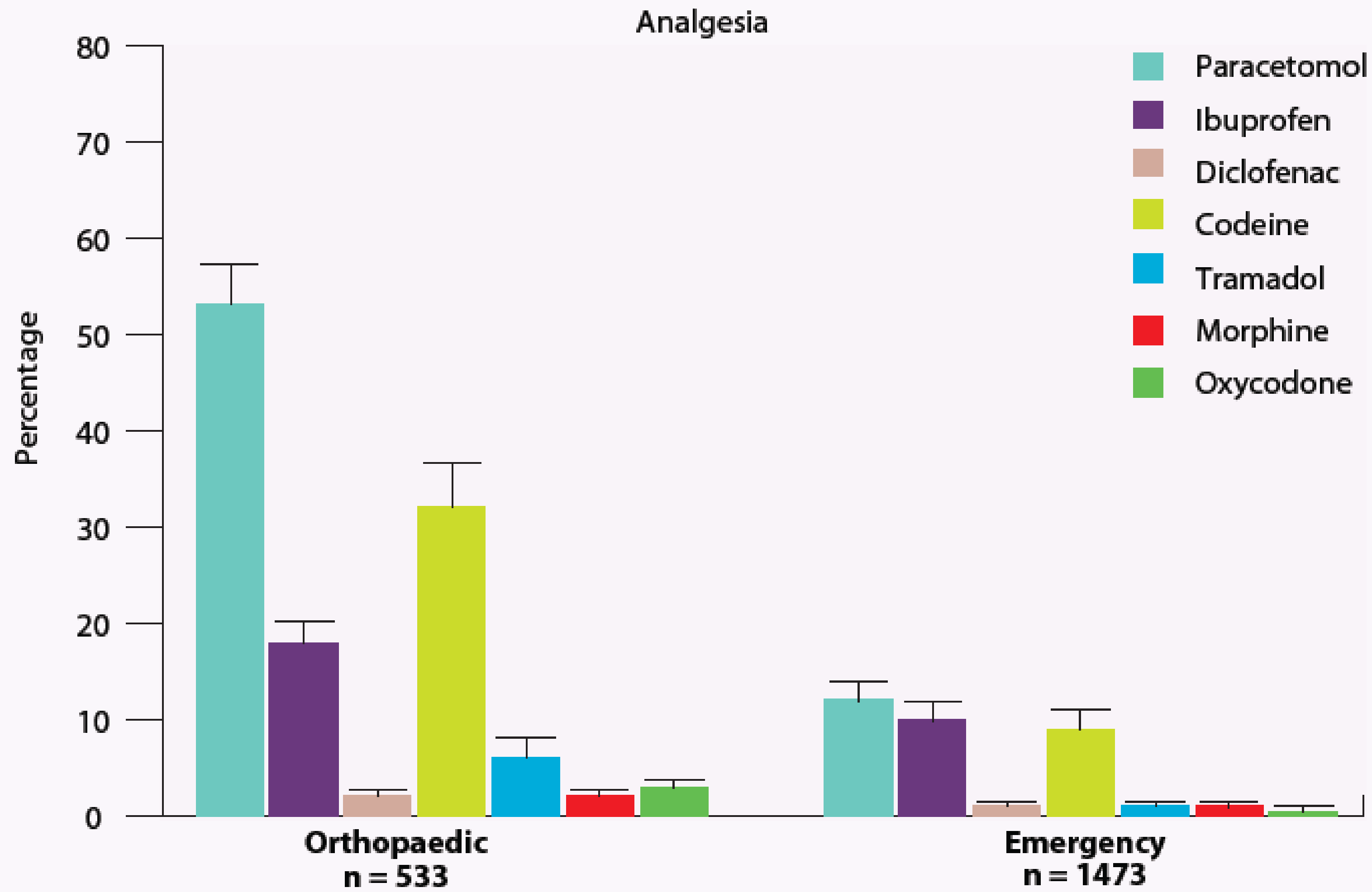
Opioids prescribed on discharge

- Increase in oxycodone prescriptions from 2006 to 2013
- Anecdotally local GPs believed this to be from hospital discharge

Analgesics on discharge audit

- Pharmacy Intern project
  - Retrospective review of analgesics prescribed on discharge
  - Emergency and Orthopaedic Departments
  - Total analgesia prescribing and indication for analgesia
  - Ten consecutive days in May 2014
  - Review of discharge summary and discharge prescriptions

- Major indications
  - Musculoskeletal pain
  - Joint replacement
  - Fracture


Proportion of Patients Prescribed Analgesics on Discharge (%±SE)
Analgesia
Percentage
80
70
60
50
40
30
20
10
0
Paracetomol
Ibuprofen
Diclofenac
Codeine
Tramadol
Morphine
Oxycodone
Orthopaedic
n = 533
Emergency
n = 1473

Conclusions

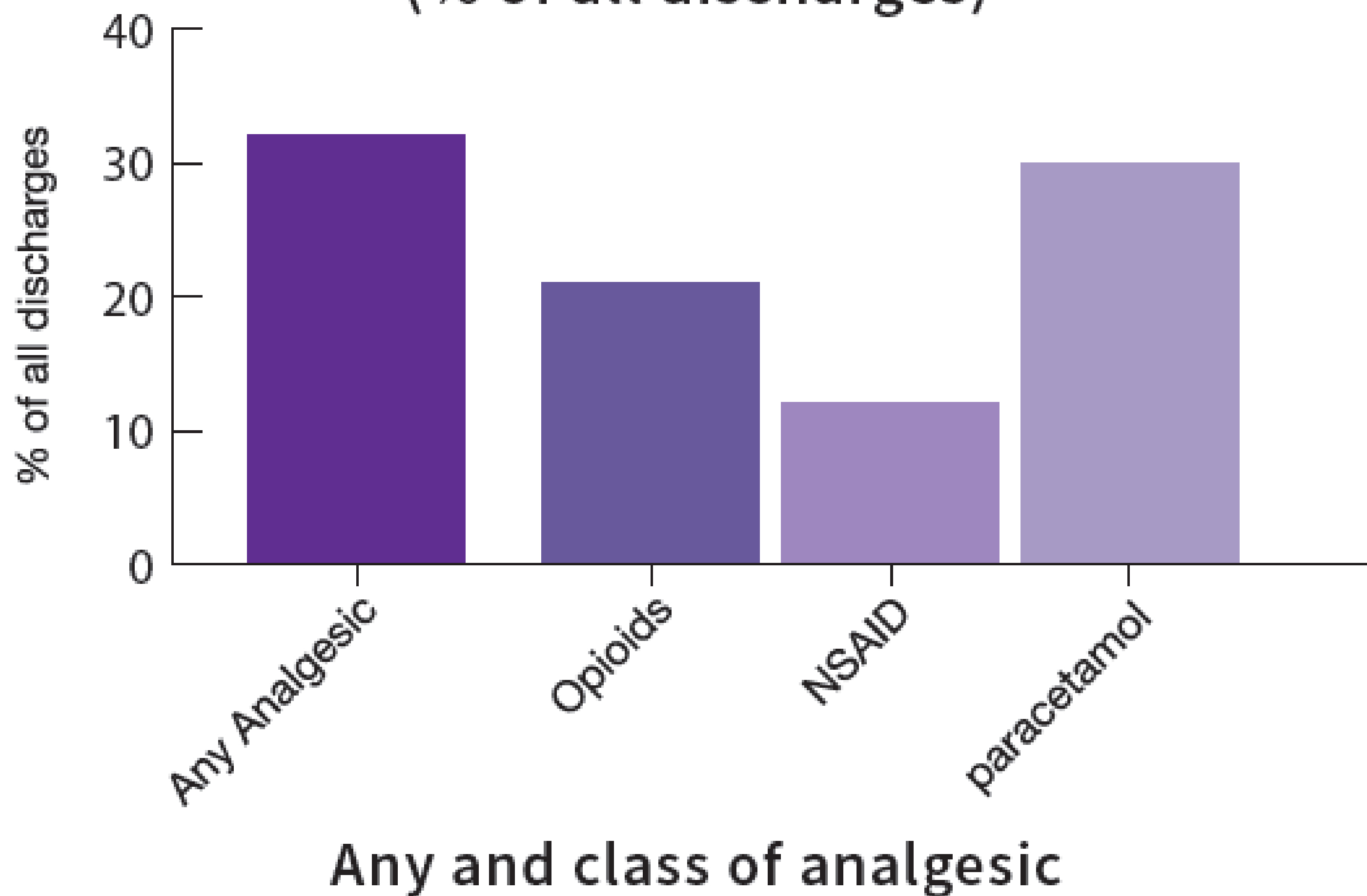
- Neither morphine nor oxycodone were commonly prescribed
- The choice of one or other was not explained by patient characteristics
- Simple analgesia was the most common analgesia

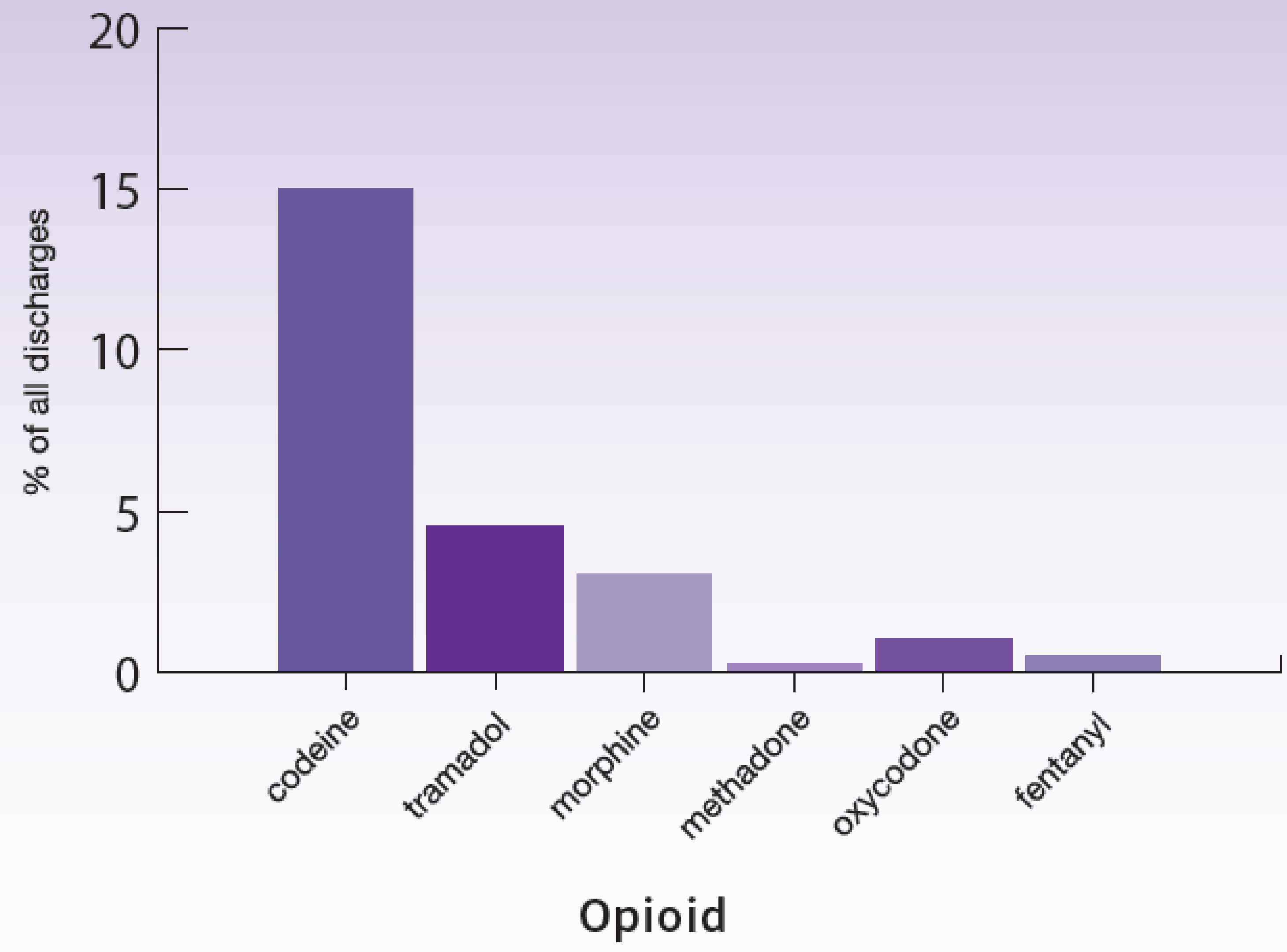
Limitations:

- Data only collected for patients prescribed analgesia on discharge

Analgesic prescribing on discharge

- Expand previous audit to include all areas excluding Paediatric and Maternity services
  - Analgesia prescribed
  - Initiated in hospital or continuation?


Patients prescribed analgesics
(% of all discharges)
% of all discharges
40
30
20
10
0
Any Analgesic
Opioids
NSAID
paracetamol
Any and class of analgesic


Patients prescribed opioids
(% of all discharges)
20
15
10
5
0
% of all discharges
codeine
tramadol
morphine
methadone
oxycodone
fentanyl
Opioid

- 15 patients initiated oxycodone in hospital
- 7 had reactions to morphine in the past

Conclusions:

- Neither morphine nor oxycodone were commonly prescribed on discharge
- Simple analgesia was the most common method of pain treatment in the study patients

Other work

- Adult surgical based incremental opioid protocol
- Adult analgesia guidelines in ED
- Patient Information Leaflets
- Clinical Pharmacology Bulletins
  - Comparison of morphine and oxycodone
- Audits
  - Use of ‘prn’ opioids
  - PCA post c-section
- Opioid dosing guidelines for lanyard in process