

# Safe use of opioids in hospitals national formative collaborative

## Learning Session Zero

23 October 2014

Organisation: MercyAscot Hospitals

# Multidisciplinary team members

- Jenny Rous – Clinical Lead (Pharmacy manager)
- Jane Harris – Improvement Specialist (Quality coordinator)
- Multidisciplinary team:
- Charlotte Young – Senior clinical pharmacist
- Lyn Blackmore – Charge nurse PACU
- Danni Wright – Pain specialist pharmacist
- Sharon Armer – Pain educator nurse

# Areas of opioid harm identified

- Sedation
- Naloxone use
- Constipation

# Sources of data

- Feedback/complaints from patients after discharge about constipation
- Verbal reports of Naloxone usage
- Electronic report of naloxone administered to patient

# Any data demonstrating success or failure

- No audits completed yet.
- Form in place (emergency form) for nurses to complete on usage of naloxone – currently no forms completed despite some verbal reports of usage.

# Current activity

- Intrathecal morphine from safer sleep is now recorded on the drug chart after administration in theatre.
- Naloxone as per protocol is automatically added onto drug chart if opioids are selected in safer sleep program in theatre.
- Emergency form updated and to be used for recording naloxone usage.
- Standing order in place for Laxsol to be charted for orthopaedic patients if nothing already charted.

# Challenges faced

- Small team.
- No special funding.
- Different to DHBs as our Drs are not staff.
- No house officers – more use of verbal orders.
- Verbal reports of naloxone usage but no completion of the Emergency form/incident forms. Being followed up with charge nurses.

# Lessons learnt

- Project at beginning stages



# Ideas for sharing

- Yes please!

# Your area of interest for the collaborative

- Naloxone usage for rescue of opioid toxicity