Safe use of opioids care bundles – at a glance

Background

Opioids are essential medicines for treating pain, but are the most common class of medicines that cause harm to patients.

There is no universally accepted bundle of evidence-based interventions to reduce harm from opioids.

The Health Quality & Safety Commission partnered with 20 district health board hospitals in a national 'formative' collaborative to develop care bundles to reduce opioid-related harm.

Four care bundles were developed, including three individual care bundles for uncontrolled pain, opioid-induced ventilatory impairment (OIVI) and opioid-induced constipation (OIC), and a composite care bundle (covering the above three harms, plus opioid-induced nausea and vomiting – OINV).

The Commission has published an online how-to guide to support the use of the care bundles across inpatient settings, including Excel templates for data collection.

Individual care bundles

The elements in these care bundles seek to reduce three specific types of harm.

Element	Care bundle elements – uncontrolled pain
One	Provide patients/consumers and families/whānau with information about opioid use for optimum pain management, in formats appropriate to their needs
Two	When prescribing and administering opioids, use pain medication dosing guidelines to determine the appropriate route of administration and to optimise pain management
Three	Monitor and document pain behaviours/indicators, and effectiveness of any actions taken, using evidence-based guidelines and methods
Four	Offer regular analgesia and, where pain is not relieved, offer additional analgesia (with attention to patient safety as well as comfort)
Five	Regularly educate staff about pain management and opioid use. Education includes assessment of knowledge and skills, educational intervention/s and reassessment

Element	Care bundle elements – opioid-induced ventilatory impairment (OIVI)
One	Provide patients/consumers and families/whānau with information about opioid use and risk of OIVI, in formats appropriate to their needs
Two	Identify patients with an increased risk of OIVI, using standardised risk assessment tools and methods
Three	When prescribing and administering opioids, consider opioid-sparing analgesics and techniques
Four	Monitor and document sedation level and respiratory rate, and response to therapeutic interventions, using evidence-based guidelines and methods
Five	Manage OIVI episodes using standard protocols (for example, rational use of naloxone)
Six	Regularly educate staff about opioid use and OIVI, and risk reduction strategies. Education includes assessment of knowledge and skills, educational intervention/s and reassessment

Element	Care bundle elements – opioid-induced constipation (OIC)
One	Provide patients/consumers and families/whānau with information about opioid use and bowel health, and strategies to prevent and manage OIC, in formats appropriate to their needs
Two	When prescribing and administering opioids, co-prescribe laxatives and administer accordingly (unless contraindicated).
Three	When prescribing and administering opioids, include non-pharmacological interventions in the care plan (for example, dietary measures and/or fluid prescription)
Four	Monitor and document bowel movements (minimum daily), and effectiveness of any actions taken, using evidence-based guidelines and methods
Five	Regularly educate staff about opioid use and OIC, and risk reduction strategies. Education includes assessment of knowledge and skills, educational intervention/s and reassessment

Composite care bundle

The elements in this care bundle seek to reduce opioid-related harm in patients who are prescribed and administered opioids.

Element	Care bundle elements – composite care bundle
One	Provide patients/consumers and families/whānau with information about opioid use for pain management and the associated risk of harms in formats appropriate to their needs. The harms covered include, at a minimum, opioid-induced constipation (OIC), opioid-induced ventilatory impairment (OIVI) and opioid-induced nausea and vomiting (OINV)
Two	Identify patients with an increased risk of opioid-related harm, using standardised risk assessment tools and methods
Three	When prescribing and administering opioids, anticipate, prevent and manage harm using pharmacological and non-pharmacological approaches. These approaches should include: opioid-sparing analgesics and techniques, dietary measures, fluid and co-prescribed laxatives for OIC, rational use of naloxone for OIVI and anti-emetics for OINV
Four	Monitor and document to identify harm (sedation level and respiratory rate, bowel movements, nausea and vomiting, pain behaviours/indicators) and effectiveness of any related interventions, using evidence-based guidelines and methods
Five	Regularly educate staff about pain management and opioid use, opioid-related harms and risk reduction strategies. Education includes assessment of knowledge and skills, educational intervention/s and reassessment

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