

Appendix 2: Opioid-induced ventilatory impairment emerging care bundle data template

Purpose: to collect data for the measures associated with the opioid-induced ventilatory impairment care bundle elements

Data collection frequency: 5 patients each week

District health board name/hospital:

Ward/clinical area name:

Data collector's name:

Measures									
Process							Balancing		
DD/MM/YY	Patient number	NHI	Length of patient stay (number of days)	Element 1 - Patient information Y/N/NA	Element 2 - Risk assessment Y/N/NA	Element 3 - Opioid-sparing analgesics and techniques Y/N/NA	Element 4 - Monitoring and documentation Y/N	Element 5 - OIVI episode management Y/N/NA	Uncontrolled pain Y/N
	1								
	2								
	3								
	4								
	5								

Totals

Y								
N								
NA								

Notes

1. Outcome measures – not included in this template because the incidents of OIVI should be recorded on an ongoing basis for all patients in the clinical areas involved
2. Element 6 – Staff education: not included in this template – an annual audit of this process measure is suggested.
3. The individual care bundle balancing and process measures with exclusions are outlined below – refer to the OIVI care bundle for full information.
4. NA: not applicable - an exclusion applies.
5. Totals: add up the total number for each measure; record as total number/number of patients audited.

OIVI balancing measure: Patients with an episode of uncontrolled pain: ≥ 2 consecutive pain scores of $\geq 7/10$ (or $\geq 3/5$) in 24 hours

Exclusions: Nil

Population: Age 12 years and over admitted to a hospital inpatient area

Process measures	Exclusion
Patient provided with information	The patient is not in a state to receive or understand the information and the family/whānau is unavailable
Patient assessed for risk of developing OIVI, using local risk assessment tools and methods before being prescribed an opioid	Where risk assessment is not feasible or prudent because of, for example, acuity or level of consciousness
Patient has a pain management plan that includes opioid-sparing analgesics and techniques	Patients receiving palliative care, patients with a terminal condition where death is considered imminent or likely to occur within the next 30 days
Patient has sedation level and respiratory rate documented at frequency required in the local guideline and in response to therapeutic intervention, eg, naloxone administration	Nil
Patients who have an OIVI episode and receive active management consistent with local protocols	Intubated and mechanically ventilated patient Patients for whom local protocols do not apply, as agreed on an individualised basis by the patient's care team, and documented as such in the patient's medical record