

## “Opioid Safety in the Hospital and after Discharge”

Presented by:

Melanie H. Simpson, PhD, RN-BC, OCN, CHPN, CPE  
on August 17, 2016

### Webcast Questions and Answers

*(Answers are in **bold**)*

Objective: The goal/purpose of this activity is to provide strategies for safe opioid use in the hospital and after patient discharge.

Questions:

1. 10 mg Fentanyl Patch taper method?
  - **Actually it is 12 mcg- so for example when decreasing from 100 mcg go down to 87 mcg/hr (1-75mcg patch and 1 -12 mcg patch) q 72 hours for at least 6 days ( 2 patch changes) depending on how quickly they need to be tapered, then 75 mcg/hr q 72 hours, then 62, 50 , 37, 25, 12. I have found Fentanyl to be very difficult to taper off of if not done slowly.**
2. In regards to the EPIC report you spoke of for pain management (slide 14) what is this report called? I would like to see if I have this available to me.
  - **In our EPIC – I go to RN INDEX, under Medication Reports it is titled “Pain Management” see the following screen shots**

Care Everywhere | Results Review | Demographics | Review Flowsh... | **MAR** | Doc Flow sheets | Intake/Output | Notes | Education | Care Plan | Clinical Referen... | Manage Orders | Navigators | Synopsis | Review PTA Meds | More Activities

**Attending Provider:** Sarah Woodrow, MD

Allergies: **Augmentin, Carbamazepine, Depakote, Erythromycin, Inapsine, Lyrica, Tiagabine, Vancomycin, Avocado, Fentanyl, Gabapentin, Savella, Tobramycin** | Isolation: CONTACT | Organism: MRSA | Code Status: FULL | HT: 162.6 cm (64.02") | Wt: 95.255 kg (210 lb) | Admission Wt: 95.255 kg (210 lb) | Admission Complaint: Wound dehiscence [T81.31XA], Wound infection (HCC) | BMI: 36.03 kg/m<sup>2</sup> | BSA: 2.07 m<sup>2</sup>

**Pocket Guide**  
 Pain Management Pocket Guide (includes Opioid Equianalgesia Table) | **Antithrombotic Guidelines for Neuraxial or Peripheral Nerve Procedures**  
 Adult Antithrombotic Guidelines for Neuraxial or Peripheral Nerve Procedures

**Rx Pain Management Report**  
 Go to now: 8/16/2016 | Tuesday 0400 - Today 1559 | 1 hr 4 hr 8 hr 1 Day | All

	08/16				08/17				08/18						
	04-08	08-12	12-16	16-20	20-00	00-04	04-08	08-12	12-16	16-20	20-00	00-04	04-08	08-12	12-16
<b>▼ Pain Med</b>															
sodium chloride 0.9%...			100	1x					100						
fentaNYL citrate PF 5...				200+											
HYDRomorphone So...				4+											
<b>▼ Hydromorphone PCA</b>															
PCA Concentration m...					0.2										0.2
PCA Dose (mL)					2			2							3
Lockout Interval (mins)					12			12							10
Continuous Infusion...					1			1							1
One Hour Max Limit (...)					11			11							19*
Volume Remaining (...)	16.7	53.5		14.5	6.44	55		50.9*	17.1	34*				55	
Hydromorphone Volu...	19.6 ml		34.5 ml		20.2 ml	5.5 ml		47.3 ml	36.7 ml				13.2 ml	19.8 ml	
Demand Dose (# atte...	21		69		20	0		133	25	52			2	18	
Delivered Dose (# inj...	6		15		8	0		18	11	21			2	4	
PCA Tubing Status	Current	Current													
<b>▼ Adjuvant Med</b>															
baclofen Tab(mg)			20	20				20	20	20	20				20

MELANIE SIMPSON

Care Everywhere | Results Review | Demographics | Review Flowsh... | **MAR** | Doc Flow sheets | Intake/Output | Notes | Education | Care Plan | Clinical Referen... | Manage Orders | Navigators | Synopsis | Review PTA Meds | More Activities

**Attending Provider:** Sarah Woodrow, MD

Allergies: **Augmentin, Carbamazepine, Depakote, Erythromycin, Inapsine, Lyrica, Tiagabine, Vancomycin, Avocado, Fentanyl, Gabapentin, Savella, Tobramycin** | Isolation: CONTACT | Organism: MRSA | Code Status: FULL | HT: 162.6 cm (64.02") | Wt: 95.255 kg (210 lb) | Admission Wt: 95.255 kg (210 lb) | Admission Complaint: Wound dehiscence [T81.31XA], Wound infection (HCC) | BMI: 36.03 kg/m<sup>2</sup> | BSA: 2.07 m<sup>2</sup>

**Pocket Guide**  
 Pain Management Pocket Guide (includes Opioid Equianalgesia Table) | **Antithrombotic Guidelines for Neuraxial or Peripheral Nerve Procedures**  
 Adult Antithrombotic Guidelines for Neuraxial or Peripheral Nerve Procedures

**Rx Pain Management Report**  
 Go to now: 8/16/2016 | Tuesday 0400 - Today 1559 | 1 hr 4 hr 8 hr 1 Day | All

	08/16				08/17				08/18						
	04-08	08-12	12-16	16-20	20-00	00-04	04-08	08-12	12-16	16-20	20-00	00-04	04-08	08-12	12-16
<b>▼ Adjuvant Med</b>															
baclofen Tab(mg)			20	20				20	20	20	20				20
methocarbamol Tab(...)	1,000		1,000			1,000	1,000		1,000	1,000	1,000		1,000		
tIZANidine Tab(mg)											8				
<b>▼ Flowsheet- Pain</b>															
Pain Reported/Obser...	N	Y	Y+	Y	N+	N+		Y		Y	Y+	N		Y	Pain R...
Pain Goal		2	7+	4	3+	3		Asleep+	10	10	10+	Asleep		10	Pain G...
Words to Describe Pain		Aching	Stab...+			Aching		Aching		Aching	Aching+			Aching	Words...
Intensity Pain Scale 0...	Asleep	10	10+	6	--	Asleep+		10		10	10+	Asleep		10	Intens...
Alternative Pain Scal...	NA	NA	NA			NA		NA		NA	NA+			NA	Altern...
Location of Pain		Neck	Leg+	Neck	Neck	Neck		Gener...		Gener...	Gene...+			Gener...	Locati...
Location Pain Orienta...		Poste...	Mid...+			Poste...								Gener...	Locati...
Duration of Pain		Const...	Const...+	Const...	Const...	Const...		Const...		Const...	Const...+			Chronic	Durati...
Pain Intervention(s)		Encou...	Rela...+	Medic...	Medic...	Medic...		Medic...		Medic...	Medi...+			Medic...	Pain In...
Pain Sedation Scale (...)	S	1	2+	2	2+	S+		1		1	1+	S		1	Pain S...
Additional Pain Sites	N	N	N+			N		N		N	N+			N	Addit...
<b>▼ Flowsheet- Neuro</b>															

MELANIE SIMPSON

3. How this program is communicated with the general practitioners?
  - **I am not sure what program you are referring to?**
4. Do they have software to red flag an opioid prescription when patient is in recovery for opioid/heroin drug addiction, and an opioid may trigger a relapse?
  - **We don't have any that I am aware of, but others may have something built into their system.**
5. How do you handle patients who stay less than 24 hours who you have given oral opioids? We have patients who leave same day for many of our procedures.
  - **They still get discharge instructions and embedded into them is our Opioid Safety sheet.**
6. I didn't see an appendix document, will it be available?
  - **Sorry that appendix referred to the opioid prescribing guideline**
7. Do you have a tool for assessing risk of over sedation of inpatients?
  - **POSS and RASS depending on where the patient is in the hospital**
8. When your patient screening identifies depression prior to prescribing opioids, what measures are taken to address this?
  - **In the hospital, psychiatry consult, as an outpatient they may consult psychiatry and/or pain specialist**
9. Can you clarify JC opioid risk assessment? Providers prescribing opioids on long term yes. Do acute care facilities need to screen for risk before prescribing an opioid at discharge?
  - **Absolutely, if patients are given opioids without consideration for risk in the hospital if they cannot find someone to prescribe as an outpt they will find a reason to come back to the hospital to get them again.**
10. What is your email?
  - **msimpson@kumc.edu**
11. What is the screening tool used to gauge risk for addiction, and are those with high-risk scores treated differently?
  - **There are many screening tools – but most use the shorter ones for convenience such as ORT or CAGE- they can be put into a smart phrase for documentation.**
12. How are folks doing with compliance with nursing documentation assessment-reassessment?
  - **Well I can only speak for us, Assessment – excellent, Reassessment – ok- we do not use BPAs (best practice alerts)**

13. How do you transition a patient such as "Trauma" who will need Opioid for pain for a number of weeks after discharge IF no outpatient provider can be identified? Does your Pain Program see for a period of time?
- **We see inpatients only, so no we do not follow them. That is why we have 4 – week opioid tapers as smart phrases in our documentation we use them so much. Also, our Trauma and Rehab folks are good about seeing patients every 2-3 weeks or so and taper them**
14. Do you have an outpatient pain department that you refer the patients you see in your inpatient service if they need follow up pain management on discharge?
- **We have an interventional pain clinic (rarely write for opioids) – but we have difficulty these days finding anyone to continue opioid therapy. We try desperately to use multimodal and regional while inpatient to prevent escalating opioids.**
15. What are your thoughts on requiring Case Management for patients who are prescribed opioids?
- **Not a bad idea – we seem to do a lot of case management for those patients but most hospitals do have a nurse led pain team.**
16. Are we able to use if we give University of Kansas credit?
- **Absolutely**
17. Are your Opioid Safety Education discharge instructions on EPIC? So all providers can access?
- **Yes, we built the content – it is a part of the discharge process – they just click a box and it automatically loads**
18. Does your facility use range orders? Can you speak to the importance of range orders in terms of patient safety?
- **Yes, we have worked diligently to train everyone on how to use our range orders, our policy applies to all medications with a range: opioids, antiemetics, etc. so pharmacy was a big driver of the policy**
19. Anybody using automatic reporting form the EMR on High Pain Scores or persistent high pain scores?
- **We do not, the nurses and physicians just consult us if they have someone they are unable get comfortable**