

Addiction Prediction: Errors from the bedside hurt patients with pain

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Objectives

1. Describe three types of concerning home opioid use findings from a study of home post-operative pain management
2. Explore how nurses concerns for addiction may alter their opioid medication administration practice
3. Discuss gaps in our knowledge of risks for opioid misuse and addiction and nurses responsibilities to their patients despite these gaps

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CDC guideline for prescribing OPIOIDS for Chronic Pain

- This guideline is intended for primary care clinicians (Primary care clinicians include physicians as well as nurse practitioners and physician assistants. e.g., family physicians and internists) who are treating patients with chronic pain (i.e., pain lasting >3 months or past the time of normal tissue healing) in outpatient settings.
- Prescriptions by primary care clinicians account for nearly half of all dispensed opioid prescriptions, and the growth in prescribing rates among these clinicians has been above average.
- Although the transition from use of opioid therapy for acute pain to use for chronic pain is hard to predict and identify, the guideline is intended to inform clinicians who are considering prescribing opioid pain medication for painful conditions that can or have become chronic.
- This guideline is intended to apply to patients aged ≥18 years with chronic pain outside of palliative and end-of-life care.

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CDC guideline for prescribing OPIOIDS for Chronic Pain

- Long-term opioid use often begins with treatment of acute pain. **When opioids are used for acute pain**, clinicians should prescribe the lowest effective dose of immediate-release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. Three days or less will often be sufficient; more than seven days will rarely be needed (*recommendation category: A, evidence type: 4*).
- **Type 4 evidence:** Clinical experience and observations, observational studies with important limitations, or randomized clinical trials with several major limitations.
- **Category A recommendation:** Applies to all persons; most patients should receive the recommended course of action. This recommendation is based on evidence type, balance between desirable and undesirable effects, values and preferences, and resource allocation (cost).

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But how long does acute pain last?

5

But how long does acute pain last?

< 3 days

6

But how long does acute pain last?

< 3-5 days

7

But how long does acute pain last?

< 3-7 days

8

But how long does acute pain last?

What does a top children's
hospital look like?

9

CDC guideline for prescribing OPIOIDS for Chronic Pain

Opioid treatment for post-surgical pain is outside the scope of this guideline

CDC guideline for prescribing OPIOIDS for Chronic Pain

Opioid treatment for post-surgical pain is outside the scope of this guideline

Patients <18 years of age are outside the scope of this guideline

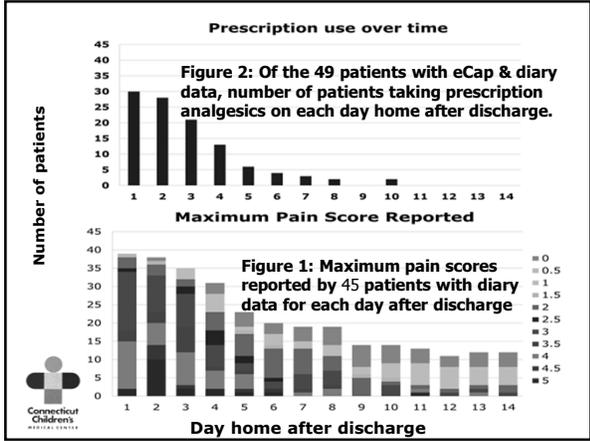
Objectives

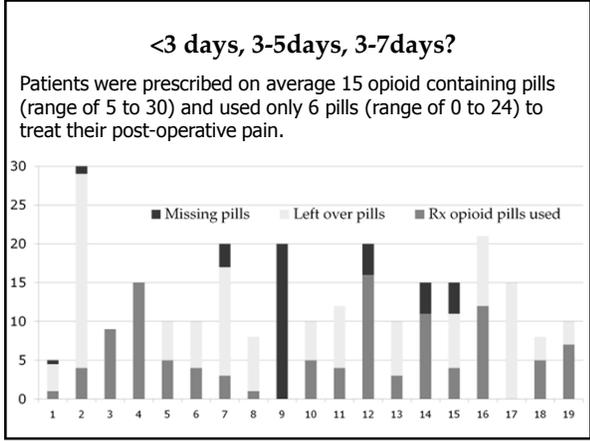
1. Describe three types of concerning home opioid use findings from a study of home post-operative pain management

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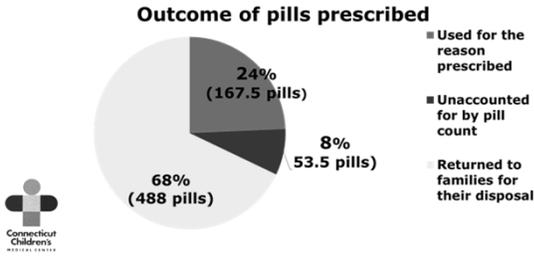
11-067 Adolescents' home pain management after laparoscopic appendectomy

Manworren, Pantaleao, Karamessinis, & Cooper





Of 749 opioid pills prescribed to 49 patients, 689 pills were dispensed, **167.5 pills (24.31%)** were reportedly used for the reason prescribed, 53.5 pills (7.76%) were unaccounted for, and 468 pills (67.92%) were returned to families for their disposal.



Unexpected Findings

Patient diary

Saturday September 29

1 Percocet at 10:07 am

1 Percocet at 4:02 pm

3 Percocet missing! at 8:48



Unexpected Findings

Patient diary

eCap data

Saturday September 29

1 Percocet at 10:07 am

1 Percocet at 4:02 pm

3 Percocet missing! at 8:48

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Fri Sep 28, 2012 08:51 PM
Sat Sep 29, 2012 10:07 AM
Sat Sep 29, 2012 03:28 PM
Sat Sep 29, 2012 04:04 PM
Sat Sep 29, 2012 04:48 PM
Sat Sep 29, 2012 06:51 PM
Sun Sep 30, 2012 09:09 AM
    
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Objectives

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- 2. Explore how nurses concerns for addiction may alter their opioid medication administration practice**

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Morphine IVP. What Does That Mean?

Kathleen Visinski RN,MSN,CPN,WCC

How quickly do you administer a morphine bolus & why?



Morphine IVP. What Does That Mean?

How quickly do you administer a morphine bolus and why?

BACKGROUND:

- Nurses verbalize various administration times for morphine bolus
- There was no default infusion time on the Smart Pump.
- Nurses could and did infuse doses anywhere from 4-40 minutes.

PURPOSE:

- Explore and describe nurses' perception and practice of the administering IV morphine
- **Hypothesis:** Nurses prolonged the morphine bolus to prevent addiction to opioids.



Morphine IVP. What Does That Mean?

How quickly do you administer a morphine bolus and why?

Method:

18 Nurses, Face to Face Interviews on 5 Inpatient Units & ED

Results:

"I give it over 15 minutes on a pump. I never push it."



Morphine IVP. What Does That Mean?

How quickly do you administer a morphine bolus and why?

Results:

- "If a patient asks for it to be administered IVP push I always put it on a pump over 15 minutes. I don't want the patient to get addicted."



Morphine IVP. What Does That Mean?

How quickly do you administer a morphine bolus and why?

Results:

- "Patients will play nurses against each other and state so and so pushes it quicker. Another red flag not to push it and put it on a pump over 15 to 20 minutes."



Morphine IVP. What Does That Mean?

How quickly do you administer a morphine bolus and why?

Results:

- "I will push it only if the patient is in excruciating pain, I don't want the patient to get a rush feeling."



Morphine IVP. What Does That Mean?

How quickly do you administer a morphine bolus and why?

Results:

- "If I am afraid the patient will have trouble with his/her airway I give it slower"



Morphine IVP. What Does That Mean?

How quickly do you administer a morphine bolus and why?

Results:

- "If administering to a teenage boy I give it slower. I don't want him to have the rush feeling. If it is a girl I will push it quicker."



Morphine IVP. What Does That Mean?

How quickly do you administer a morphine bolus and why?

DISCUSSION

- Four drug references and morphine product insert supported and recommended a 4-5 minute infusion time
- Peak effect within 15 to 30 minutes when administered in 4-5 minutes



Morphine IVP. What Does That Mean?

How quickly do you administer a morphine bolus and why?

RECOMMENDATIONS

- Give morphine bolus over 4 to 10 minutes
- Create a default infusion time on Smart Pump to 10 minutes
- Follow up in 6 months to see if change in practice



Objectives

1. Describe three types of concerning home opioid use findings from a study of home post-operative pain management
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3. **Discuss gaps in our knowledge of risks for opioid misuse and addiction and nurses responsibilities to their patients despite these gaps**

Knowledge & Knowledge Gaps

- > 30% of adolescents confess that euphoria, "to get high," is their primary motivation for misusing prescription opioids.
- **Opioids are medically indicated, appropriate and effective for treating severe acute pain, BUT**
- Prescription opioid addiction is a complex multifactorial diagnosis; and therefore, may be difficult to associate with specific patient characteristics (like gender, or requested infusion rate) or even specific genetic variants.

Knowledge & Knowledge Gaps Background and Significance

- We currently cannot predict which patients who present with acute pain are at greatest risk for subsequent opioid misuse and addiction.
- Opioids are prescribed with little regard for their genetic suitability for patients.
- This trial and error method of prescribing and adolescents' developmental status makes them particularly vulnerable for adverse opioid effects, like opioid induced euphoria, misuse and addiction.

Knowledge & Knowledge Gaps

- The precursor to all substance use disorders is exposure.
- First opioid exposure experience may act as a catalyst to begin the cycle of prescription opioid misuse.
- Indeed, addicts recall significantly greater Opioid Induced Euphoria (OIE) with initial opioid exposure than non-addicts.
- **The prevalence of OIE is unknown and nurses do not assess patients for OIE.**

Discussion:

- Nurses didn't want patients to "feel good" with opioids that were prescribed to relieve pain.
- How can ethical principles of care guide our practice?
 - Non-maleficence
 - Beneficence
 - Justice
 - Autonomy?
- Do nurses chose not to relieve their patients pain with prescribed opioids due to fear that this exposure will be the precursor to addiction?

Conclusion

Purpose

- We seek to advance methods to monitor patients home opioid use and identify early signs of misuse

Conclusion

Purpose

- We seek to advance a better understanding of the variability of patients post-operative opioid requirements:
 - Dosage
 - Doses
 - Frequency
 - Duration

Conclusion

Purpose

- We seek to advance an understanding of the role of OIE in response to initial opioid exposure to treat acute pain and the longitudinal trajectory of subsequent prescription opioid misuse.

BEFORE

we use OIE or the fear of OIE as a reason to deny opioids to patients with acute pain.

Discussion – Questions?



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PCSS-O Colleague Support Program

- PCSS-O Colleague Support Program is designed to offer general information to health professionals seeking guidance in their clinical practice in prescribing opioid medications.
- PCSS-O Mentors comprise a national network of trained providers with expertise in **addiction medicine/psychiatry and pain management.**
- Our mentoring approach allows every mentor/mentee relationship to be unique and catered to the specific needs of both parties.
- The mentoring program is available at no cost to providers.

For more information on requesting or becoming a mentor visit:
www.pcass-o.org/colleague-support

- **Listserv:** A resource that provides an "Expert of the Month" who will answer questions about educational content that has been presented through PCSS-O project. To join email: pcass-o@aaap.org.



PCSS-O is a collaborative effort led by American Academy of Addiction Psychiatry (AAAP) in partnership with: Addiction Technology Transfer Center (ATTC), American Academy of Neurology (AAN), American Academy of Pain Medicine (AAPM), American Academy of Pediatrics (AAP), American College of Physicians (ACP), American Dental Association (ADA), American Medical Association (AMA), American Osteopathic Academy of Addiction Medicine (AOAAM), American Psychiatric Association (APA), American Society for Pain Management Nursing (ASPMN), International Nurses Society on Addictions (IntNSA), and South  Consortium for Substance Abuse Training (SECSAT).

For more information visit: www.pcass-o.org
For questions email: pcass-o@aaap.org

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