

# Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard

27 April 2022



## Over-reliance

on opioid analgesic medicine to treat <u>acute pain</u> can cause unintended harms.

# The goal of the Standard

is not to prohibit access, but to ensure opioid analgesics are <u>used appropriately</u>.

"I was given a prescription that lasted a lot longer than the pain itself. Within only a few months, I was addicted.

I lost everything.
I had to leave school, stop playing sport, and I started to watch my life slip away."





# Prescribing of opioid analgesics for acute pain in hospital settings is a key risk area for initiating treatment and use.





# 2.5 MILLION

Australians undergo surgery annually



chronic use develops in around

4%

## 100,000 PEOPLE

or more are at risk of becoming persistent users

# Harms associated with over-reliance on opioid analgesics for acute pain

#### **PATIENT HARMS**





Post discharge



#### **Adverse effects**

- Nausea and vomiting
- Itch
- Constipation
- Drowsiness
- Respiratory depression

#### Harms of persistent use

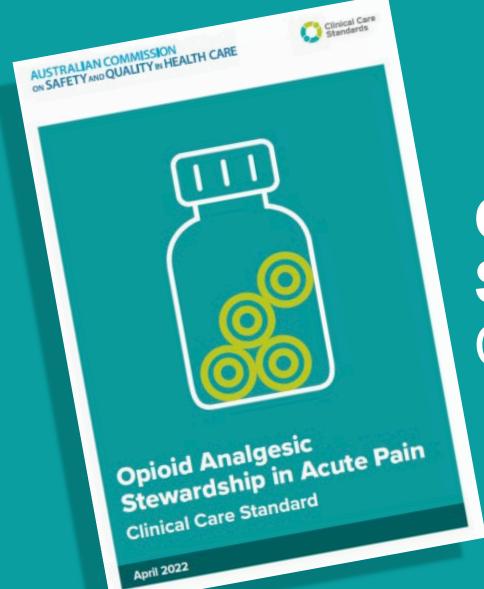
- Impaired ability to function
- Hyperalgesia
- Tolerance/ dependence
- Unintended overdose
- Death

#### **Societal consequences**

- Addiction
- Inappropriate use of 'leftover" supplies
- Diversion of opioid analgesics to illicit use



"I do look at those eight years as really wasted years. Wasted in terms of time, money and hope."



# Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard

#### EXPERT CONTRIBUTORS TO THE STANDARD



Opioid
Analgesic
Stewardship:
a shared
responsibility

- **√REFLECT**
- **✓ MODIFY**
- **√ALIGN**

- 1. Patient information and shared decision making
- 2. Acute pain assessment
- 3. Risk-benefit analysis
- 4. Pathways of care
- 5. Appropriate opioid analgesic prescribing
- 6. Monitoring and management of opioid analgesic adverse effects
- 7. Documentation
- 8. Review of therapy
- 9. Transfer of care

1. Patient information and shared decision making 2. Acute pain assessment

- ✓ Talk to the patient about their expected recovery pathway
- ✓ Explain the options in a way they can understand, including their risks and benefits
- ✓ Include pharmacological and nonpharmacological options
- ✓ If prescribing opioid analgesics, be guided by both pain levels and functional capacity



5. Appropriate opioid analgesic prescribing

#### If an opioid analgesic is appropriate:

- ✓ Use an immediate-release formulation (not modified-release)
- ✓ Specify lowest appropriate dose and shortest appropriate duration
- ✓ Be aware that opioid reduction can usually start within one to two days of major surgery
- ✓ Have a plan to help the patient stop
  using the opioid analgesic as their
  function and pain improve



- 8. Review of therapy
- 9. Transfer of care

- ✓ While the patient is in hospital, regularly review their pain and ability to function
- ✓ Assess whether the opioid analgesic is working; if not, consider <u>alternative treatment</u>
- ✓ Assess whether it is still needed; if not take steps to reduce and then cease opioid treatment
- ✓ At discharge, provide a medication management plan for the patient and their GP

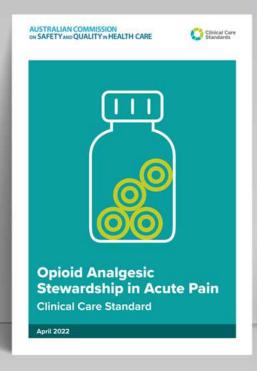


# Opioid Analgesic Stewardship: a shared responsibility

- ✓ **reflect** on how we are using opioids
- ✓ modify our reflex behaviours to ensure appropriate use of opioids to relieve pain, and improve function
- ✓ <u>align</u> our actions with the evidence-based recommendations of the <u>Opioid Analgesic Stewardship in</u> Acute Pain Clinical Care Standard

#### AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE













#### safetyandquality.gov.au/opioid-ccs

