OPIOID LOADING – WARD PATIENTS ONLY

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

Only to be ordered and administered by Acute Pain Relief Service (Anaesthetic Fellow or Registrar) or the Surgical Resident/Registrar.

1. AIM

- To ensure that surgical patients who have returned to the ward and continue to have moderate to severe pain receive efficient and effective postoperative pain management in order to reduce their pain to a comfortable level. This is achieved through the administration of an intravenous loading of an opioid medication titrated to the patient's pain score and level of sedation.

2. PATIENT

The ward based post-surgical patient who has moderate to severe pain;

- Where pain is ≥ 5/10, 30 minutes after one subcutaneous dose of opiate and the patient has who had a procedure commensurate with significant pain.
- If efficacy of epidural is in question and the patient has pain > 4/10 or that is described as moderate to severe evidenced by poor analgesic response to an epidural bolus.
- Sedation score: 0-1
- Respiratory rate is >10

3. STAFF

- Medical Officer – Anaesthetist or Team RMO/Registrar ONLY

4. EQUIPMENT

- Sodium Chloride 0.9%
- 10mL syringe
- Blunt 18g needle,
- Alcohol swabs,
- ANTT Blue dish.
- Blue syringe label to identify IV route, patient and drug.

5. CLINICAL PRACTICE

Prescription

- Prescriber must adhere to Medication Handling in NSW Public Health Facilities – PD 2013_043.
- The order is to be written on the eMEDS in the AS REQUIRED "PRN" MEDICATIONS section or the "Once Only Medicines" Section.
- The order must include Name of Drug, Route, and Dose to be administered.
- Standard RHW opiate concentrations
    - Morphine 10mg in 10mL
    - Fentanyl 100mcg in 10mL
    - Hydromorphone 1mg in 10mL
    - Oxycodone 10mg in 10mL

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Patient Assessment

An RN must assess the patient prior to commencing Opiate Loading Protocol for the following criteria:

- **Pain** – the location, cause and severity of pain (appropriate to the surgery) using a numerical pain scale 0 – 10 or descriptors the patient is able to understand; mild, moderate or severe. Pain assessment may require the use of a multi-language visual analogue pain scale.
- **Sedation** – the patient must be fully awake or sedated but easily rousable. (Score 0-1)
- **Respirations** – must be at a rate higher than 10 breaths per minute
- Hemodynamically stable.

Procedure

- Check the IV cannula site for patency, swelling, inflammation.
- 2 RNs to check the medication order and follow the RHW medication policy for handling S8 drugs
- Draw up the prescribed opioid (Morphine 10mg, Fentanyl 100mcg, Hydromorphone 1mg, Oxycodone 10mg) into a 10mL syringe and make up to 10mL with Sodium Chloride 0.9%
- Label syringe with patient's name, drug and concentration, date and time;
- 2 RNs to check the patient as per RHW medication policy
- Ensure the patient is being administered oxygen via Hudson mask at 6 L/min and u to 4 hours post dose.
- Administer dose as follows:
    - If pain < 5/10 give 1mL and wait and observe for 5 mins.
    - If pain > 5/10 give 2mL and wait and observe for 5 mins.
    - If required, repeat the dose after a minimum of 5 minutes up to a maximum of 10 mL.
- Elderly or frail patients should only be given 1mL boluses
- Record each dose in eMEDS as per RHW medication policy
- Continue with incremental doses until the patient's pain score is ≤ 3/10
- If the patient is not comfortable after giving 10mL of opioid obtain an anaesthetic review of the patient
- Discontinue the Opiate Loading Protocol if sedation score is 2 or greater and obtain an anaesthetic review of the patient
- Discontinue the Opiate Loading Protocol if the respiration rate is 10 or less per minute and obtain an anaesthetic review of the patient
- Chronic pain or opioid tolerant patients to be reviewed by APRS.
- **Subsequent analgesia regimen must be ordered on any patient who has been IV loaded. This may include PCA fentanyl, morphine or HYDROmorphone or S/C morphine.**

Observations

Once the Opiate Loading Protocol has been initiated the patient is to be monitored and at no time is the patient, or drug, to be left unattended.

- Record observations every 10 minutes: BP, Pulse, Respirations, Oxygen saturation, Sedation and Pain Scores
- Sedation level to be observed continuously

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- Pain Score to be assessed prior to each dose of the opioid
- All patients to be observed for a further 20 minutes following the last dose of opioid and then at one hour post dose.
- If patient has an epidural continue hourly observations up to four hours post dose.

6. DOCUMENTATION

- Integrated Clinical Notes
- National In-Patient Medication Chart
- Observation Chart

7. EDUCATIONAL NOTES

- The choice of IV loading may be more appropriate than S/C administration under these circumstances because:
    - The patient may require fast onset analgesia. S/C morphine may take 20-40 minutes to onset of its effect. The added benefit of the Intravenous load is that the clinician is evaluating the effect of each increment every 5 minutes.
    - Perfusion to the subcutaneous tissue may be compromised – due to hypotension, shock, vasoconstriction and age. Consequently the opiate given S/C may not be absorbed. In this event the patient is at risk of receiving increased doses for pain and, the side effects of excess opiate may occur later.

8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP

- Prevention Infection and Control Policy http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2017_013.pdf
- Medication Handling in NSW Public Health Facilitates. http://www0.health.nsw.gov.au/policies/pd/2013/pdf/PD2013_043.pdf
- High Risk Medicines Management Policy (2015)http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2015_029.pdf
- User-applied Labelling of Injectable Medicines, fluids and lines (2016)http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2016_058.pdf
- NALOXONE – Treatment of opioid induced over-sedation, respiratory depression, pruritis and nauseahttp://www.seslhd.health.nsw.gov.au/rhw/Manuals/documents/Medications/naloxonetreat.pdf
- Acute Pain Management in the Post Anaesthetic Care Unit: Intravenous Opioid Pain Protocol for Adults Fentanyl, HYDROmorphone, Morphine and Oxycodonehttp://www.seslhd.health.nsw.gov.au/Policies_Procedures_Guidelines/Clinical/Surgery_Anaesthetics/documents/SESLHDPR501.pdf
- Patient Registration – Patient Administration System (pas)http://www.seslhd.health.nsw.gov.au/Policies_Procedures_Guidelines/Corporate/UPI/documents/SESLHDPR490PatientRegistrationPatientAdministrationSystemPAS.pdf
- Clinical Handover: Implementation of ISBAR Framework and Key Standard Principleshttp://www.seslhd.health.nsw.gov.au/Policies_Procedures_Guidelines/Clinical/Governance/Documents/SESLHDPR303ClinicalHandoverImplementationofISBARFrameworkandKe.pdf
- Patient with Acute Condition for Escalation (PACE): Management of the Deteriorating ADULT and MATERNITY Inpatient http://www.seslhd.health.nsw.gov.au/Policies_Procedures_Guidelines/Clinical/Governance/Documents/SESLHDPR283-PACEManagement.pdf
- Falls Prevention and Management for People admitted to Acute and Sub Acute Care http://www.seslhd.health.nsw.gov.au/Policies_Procedures_Guidelines/PHP/Falls_Prevention/docs/SESLHDPR380ProcedureFallspreventionandmanagementfopeopleadm.pdf

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9. RISK RATING

- High

10. NATIONAL STANDARD

- Medication safety

11. REFERENCES

1. Concord Repatriation General Hospital Policy and Procedure Manual (2006). Recovery Pain Management Protocol.
2. Hatfield, A. & Tronson, M. (2009). The complete recovery room book, (4th ed.), New York: Oxford University Press.
3. NSW Health Policy Directive PD2007_077. Medication Handling in NSW Public Hospitals.
4. Prince of Wales Clinical Business Rule (June 2010). Immediate postoperative pain management in the Postanaesthetic Care Unit (PACU): intravenous opioid pain protocol.
5. St George Hospital and Community Health Service, PACU Policy & Procedure Manual (September 2010). PACU Intravenous Opioid Pain Protocol for Adults.

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