“Opioid Safety in the Hospital and after Discharge”

Presented by:
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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
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 tern 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 at 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