High-Risk Medicine Standard: Opioid analgesics
IMPLEMENTATION CHECKLIST

Last updated: 26 February 2024. Printed copies are uncontrolled and should not be relied upon as up to date.

Completion of this checklist is not mandatory. Health services may wish to use this tool to monitor compliance with the High-Risk Medicine Standard: Opioid analgesics. For the most up to date standard, refer to the Opioid analgesics webpage.

Facility name/LHD: _____ Assessed by: _____ Date: _____

Governance requirements

Adherence to the requirements specified in this standard is to be monitored by governance committees (for example, Drug and Therapeutics Committee) and service managers (including, but not limited to, Directors of Pharmacy and Nurse Unit Managers).

Governance requirements	**Requirement met**	**Requirement unmet**
1. Prescribing		
1.1. Where possible, use alternative analgesics to prevent opioid misuse.		
1.2. Different types of opioid analgesics should only be prescribed concurrently in specific circumstances.		
1.3. Modified-release opioid analgesics are not to routinely be prescribed for management of acute pain. Refer to Australia and New Zealand College of Anaesthetists PS41(G) Position statement on acute pain management 2023 for further information.		

Governance requirements	Requirement met	Requirement unmet
1.4. Avoid using dose ranges when prescribing opioid analgesics. If variable dosing is used: • the prescriber is to provide specific clinical criteria to guide selection of the dose for administering clinicians • the prescriber is to specify the maximum individual dose, maximum daily dose, hourly frequency for administration and the maximum number of doses or maximum duration of treatment.		
1.5. The maximum dose per 24 hours is to be specified on when required (PRN) medication orders.		
1.6. Confirm the dose of the patient's regular opioid analgesics prior to admission to a facility with a reliable source such as the patient's community pharmacist, general practitioner or other medical specialist prior to prescribing where possible.		
1.7. Evidence-based assessment tool/s are to be used to assess patient's functional activity and to identify patients who may be at risk of opioid-related harm before prescribing opioid analgesics: • The results of the functional assessment are to be considered together with the patient's pain scores to guide appropriate choice of analgesic. • Refer to the Australian Commission on Safety and Quality in Health Care Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard for more information.		
1.8. Regular review of inpatient opioid analgesic requirements is to be undertaken with particular attention to the duration of treatment.		
1.9. Develop an opioid analgesic weaning plan for patients, when clinically appropriate.		
1.10. Where applicable, prescribers are to include the trade name in the order when prescribing opioid analgesics to differentiate between medicines and formulations (for example, where brands are not therapeutically equivalent).		
1.11. When prescribing opioid analgesics with multiple formulations, prescribers are to indicate the required formulation on the medication order. For example, modified release or slow release.		
1.12. Opioid conversion tools are to be used when converting between opioid analgesics or routes of administration. For example, the Opioid Calculator developed by the Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists (FPM ANZCA) or eviQ Opioid Conversion Calculator.		

Governance requirements	Requirement met	Requirement unmet
1.13. Where relevant, SafeScript NSW (real time prescription monitoring system) is to be utilised to access real-time information about patient's prescription history for high-risk medications (including opioid analgesics) to enable safer clinical decision-making.		
1.14. Prescribe appropriate treatments to prevent and manage opioid analgesic-induced adverse effects. For example, laxatives to prevent or treat constipation, and appropriate treatments for nausea, vomiting and pruritis.		
1.15. Identify if patients require the Take Home Naloxone intervention using the eligibility criteria in accordance with the NSW Health Policy Directive *Take Home Naloxone* (PD2020_027).		
2. Storage and supply		
2.1. Store only one strength of an opioid analgesics in a patient care area, where possible. If more than one strength of an opioid analgesic is required, strategies are to be in place to reduce selection error.		
2.2. Store products with look-alike names and/ or packaging separately (see Hydromorphone Standard for specific requirements relating to hydromorphone).		
2.3. Patient care areas are to be checked at least weekly to identify and remove unnecessary stocked opioid analgesic products. This includes expired products or individually dispensed products whereby a patient has been discharged.		
2.4. Opioid analgesics provided on discharge are not to exceed a quantity greater than three day supply (if discharged from emergency) or seven day supply (after inpatient stay). A follow-up with the patient's general practitioner is recommended.		
2.5. Naloxone is to be available in patient care areas wherever opioid analgesics are used.		
2.6. Where appropriate, commercially prepared pre-mixed solutions of opioid analgesics are to be used.		
3. Administration		
3.1. An independent second person check is to be employed when administering opioid analgesics. The second person check processes are outlined in the NSW Health Policy Directive *Medication Handling* (PD2022_032) including circumstances where a second person check is not mandated (for example, when a medicine is administered by an authorised prescriber).		

Governance requirements	Requirement met	Requirement unmet
3.2. Slow-release opioid analgesic formulations must never be crushed, cut or dissolved.		
3.3. Monitor and manage opioid analgesic adverse effects such as nausea, constipation, and signs of overdose including respiratory depression.		
3.4. When administering from a fixed interval variable dosing order, a repeat dose within the dose interval is allowed however, the maximum dose stated is not to be exceeded.		
3.5. In relation to opioid analgesic transdermal patches: • patches are not to be cut or only partially applied to achieve a smaller dose, except for matrix patches under unique circumstances. For example, where small doses are required for paediatric patients. This is to occur under the direction of a pain or palliative care specialist • patches are not to be exposed to extremes of temperature. Do not use heat packs or thermal blankets on patients with an opioid analgesic transdermal patch in situ. Exposure to heat could result in a temperature dependent increase in opioid analgesic release from the patch • for disposal, used patches are to be folded in half so that the medication is trapped within the adhesive surface, then discarded in a sharps disposal unit. • the position of patch placement on the body is to be recorded on the medication order or the patient's health care record (as applicable) • the time of the patch removal is to be recorded on the medication order or in the patient's health care record. It is to be signed and dated by the clinician and an independent second person check is to be employed in accordance with NSW Health Policy Directive *Medication Handling* (PD2022_032).		
4. Medication review		
4.1. Where possible, a medication review is to be completed: • prior to administration of the first inpatient dose (if commenced as a new medication) with specific attention on the appropriateness of the opioid analgesic. This includes the indication, the dose prescribed in view of the patient's comorbidities and other medicines prescribed, particularly other opioid analgesics or sedative agents • within 24 hours of admission (if continuation of therapy).		

Governance requirements	Requirement met	Requirement unmet
5. Patient information/education		
5.1. Where possible, patients and/or carers who are discharged home on opioid analgesics are to receive confirmation of their current opioid analgesic regimen at the time of discharge. If patients have been initiated on new opioid analgesic therapy, the patient and/or their carer are to be provided with relevant education and written information (for example, a Consumer Medicines Information leaflet) regarding opioid analgesics. This includes: • information on adverse effects and how they are to be managed • explanation of risks associated with opioid analgesics including potential for drug interactions, overdose, dependence, falls, and cognitive and driving impairment • expected duration of pain and analgesic requirements, including maximum daily doses and a detailed opioid analgesic weaning plan (where required) • instructions for other pain management strategies (including non- pharmacological strategies) • advice for patients receiving transdermal opioid analgesics. For example, do not use heat packs or a thermal blanket.		
5.2. Written discharge instructions (including but not limited to; last dose administered during admission, the duration of therapy and proposed weaning plan) are to be provided to the patient's general practitioner and other relevant healthcare professionals.		
5.3. Where possible, for inpatients prescribed an opioid analgesic, the patient's family and/or carers are to be advised to alert staff if they have concerns regarding a change in the patients' condition including an unexpected decrease in their level of consciousness, or other adverse effects associated with opioid analgesics. Refer to the CEC patient factsheet Managing side effects of opioid analgesia in hospital and REACH resources for more information.		
5.4. Patients discharged on opioid analgesics and/or carers are to be provided with advice on safe storage and disposal of opioid analgesics. This includes advice to return any unused opioid analgesics to a community pharmacy for disposal. Patients who are using an opioid analgesic patch are to be provided with verbal and written information on safe handling and disposal of used patches.		
5.5. Patients who are administered and/ or supplied with opioid analgesics on or prior to discharge, and carers accompanying them, are to be provided with appropriate advice on sedation and fitness to drive or operate machinery (when applicable). Refer to the NSW Health webpage Driving safety and medicines for more information.		

Governance requirements	Requirement met	Requirement unmet
5.6. Patients and/or carers who are supplied with naloxone on discharge are to be provided with education on responding to an opioid analgesic overdose and instructions on using the medicine. Refer to Australian Government webpage How to administer naloxone for more information.		
5.7. Professional Health Care Interpreters are to be utilised for patients and/or carers who are not fluent in English or who have hearing or visual impairments.		
6. Staff education		
6.1. Local protocols are to address any specific training, qualifications, skills or competencies required to prescribe or administer opioid analgesics.		
6.2. Clinicians (where relevant to their scope of practice) are to receive education on the safe use of opioid analgesics. A Health Education and Training Institute eLearning module 'Safe use of Opioids' (Course code: 267525641) is available for this purpose.		

Action Plan				
Unmet requirement	*Reason/comment(s)*	*Proposed steps to meet requirement*	*Timeframe*	*Person responsible*