High-Risk Medicine Standard: HYDROmorphone
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: HYDROmorphone. For the most up to date standard, refer to the HYDROmorphone 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. Hydromorphone initiation is to be limited to patients for whom other opioid analgesics are inappropriate or not tolerated.		
1.2. Medical teams responsible for patients continuing their regular hydromorphone are to consider the indication, appropriateness and refer to a relevant specialty for review if therapeutic concerns are identified.		
1.3. Initial prescribing of hydromorphone is to be restricted to clinicians with appropriate qualifications and expertise as outlined in Drug and Therapeutics Committee approved protocols.		
1.4. The dose, frequency and formulation of the patient's regular hydromorphone is to be confirmed, with a reliable source such as the patient's community pharmacist, general practitioner, medical specialist or carer and documented in the patient's health record prior to prescribing as continuing treatment in hospital where possible.		

Governance requirements	Requirement met	Requirement unmet
1.5. Where Electronic Medication Management systems are in use, mechanisms are to be built to prevent selection errors at the point of prescribing.		
1.6. Tall Man lettering is to be used when prescribing hydromorphone to reduce the risk of confusion with morphine. For example, HYDROmorphone.		
1.7. Opioid conversion tools are to be used when converting opioid doses to or from hydromorphone. 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.		
1.8. 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. Hydromorphone is to be stored in a separate Schedule 8 medication storage unit from morphine (where possible). In patient care areas where there is only one Schedule 8 medication storage unit, hydromorphone is to be separated from morphine by storing these medicines on different shelves and/or by placing all hydromorphone medicines in a distinctive coloured bag or container.		
2.2. An additional sticker using Tall Man lettering stating 'HYDROmorphone' is to be applied to all inpatient hydromorphone packets and bottles. The sticker is not to obscure original packet or bottle labelling.		
2.3. The following precautions are to be taken when supplying hydromorphone to patient care areas: • Hydromorphone is not to be routinely stored in patient care areas where use is infrequent. In these circumstances, the required product is to be individually dispensed and returned to pharmacy at the end of the patient care episode. Individually dispensed hydromorphone is to be used only for the patient to whom it was dispensed. • High-concentration formulations of injectable hydromorphone (10 mg per mL) are not to routinely be stored in patient care areas outside of palliative care units. In circumstances when high-concentrations are required, the product is to be individually dispensed per patient, and removed at the end of the patient care episode.		
2.4. Patient care areas are to be checked at least weekly to identify and remove inappropriately stocked hydromorphone products.		

Governance requirements	Requirement met	Requirement unmet
2.5. Naloxone injection is to be available for reversal in patient care areas wherever hydromorphone is used.		
3. Administration		
3.1. An independent second person check is to be employed when administering hydromorphone. 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).		
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 agent for the indication as well as careful consideration of the dose prescribed in view of the patient's comorbidities and other medicines prescribed, particularly other opioid analgesia or sedative agents • within 24 hours of admission (if continuation of therapy).		
5. Patient information/education		
5.1. Where possible, patients and/or their carers who are discharged home on hydromorphone are to receive confirmation of their current hydromorphone regimen at the time of discharge. If patients have been initiated on new hydromorphone therapy, the patient and/or their carer are to be provided with relevant education and written information regarding hydromorphone with particular attention to adverse-effects and how they are to be managed.		
5.2. 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.		
5.3. Where possible, for inpatients prescribed hydromorphone, the patient's family and/or carers are to be advised to alert the patient's nurse, doctor or other healthcare professional 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 hydromorphone. Refer to the CEC patient factsheet on Managing side effects of opioid analgesia in hospital and REACH resources for more information.		

Governance requirements	Requirement met	Requirement unmet
5.4. Patients and/or carers who are supplied with naloxone on discharge are to be provided with education on responding to an opioid overdose and instructions on using the medicine. Refer to Australian Government webpage How to administer naloxone for more information.		
5.5. Where possible, patients and/or their carers who are discharged home on hydromorphone are to receive confirmation of their current hydromorphone regimen at the time of discharge. If patients have been initiated on new hydromorphone therapy, the patient and/or their carer are to be provided with relevant education and written information regarding hydromorphone with particular attention to adverse-effects and how they are to be managed.		
6. Staff education		
6.1. Local clinical protocols are to address any specific training, qualifications, skills or competencies required to prescribe or administer hydromorphone.		
6.2. Clinicians (where relevant to their scope of practice) are to receive education on the safe use of hydromorphone when working in clinical areas where hydromorphone is used. A Health Education and Training Institute eLearning module 'Safe use of HYDROmorphone' is available for this purpose.		

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