ANZCA
FPM

ANZCA and FPM CPD Program

Opioid-induced ventilatory impairment ER session guideline

Group activity

Category 3
Emergency response

Purpose

This guideline assists hospitals, private practice groups and other course providers develop and conduct Opioid Induced Ventilatory Impairment (OIVI) Emergency Response (ER) sessions. It defines the learning objectives and other requirements for education providers to become recognised OIVI ER providers for the purposes of the ANZCA and FPM CPD program.

For CPD participants, this guideline provides information on what recognised OIVI ER sessions involve and how to record this activity.

Related documents

1. OIVI ER activity recognition of suitability application form
   Course providers must apply for college recognition of your session as a suitable OIVI ER activity for the ANZCA and FPM CPD program.

Importance of OIVI ER education

It is well known that opioid administration may lead to OIVI in patients and that the incidence may be higher when potential risk factors are present, including fixed (usually patient-related) and modifiable (and so usually avoidable) risk factors. It is important to recognise that many patients who come to harm have no identifiable risk factors and so all patients receiving an opioid must be assumed to be at risk.

Patients continue to be harmed from OIVI (including hypoxic brain damage and death) because of a lack of understanding about measures that could reduce the risk of OIVI, inadequate or inappropriate monitoring which would enable early detection of the onset of OIVI and timely management, and a lack of knowledge of the appropriate interventions that should be undertaken should a patient develop OIVI. The majority of harmful events are preventable.

In acute care hospitals, 'track and trigger' early warning systems are commonly used. Their aim is to improve detection and subsequent management of a deteriorating patient, with timely and appropriate escalation of care. These principles apply to the recognition and early management of OIVI.

This ER activity applies to adults in both acute and chronic settings.

Recommended resources

In addition to the ANZCA and FPM document *PS41(G) Position statement on acute pain management 2023*, national guidelines that include advice on the recognition and management of OIVI in the acute pain setting as well as risk reduction have been published.

1. Australian Commission for Safety and Quality on Health Care (ACSQHC) *Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard 2022* https://www.safetyandquality.gov.au/standards/clinical-care-standards/opioid-analgesic-stewardship-acute-pain-clinical-care-standard (especially sections:

- *Acute pain assessment* (page 15)
- *Appropriate opioid analgesic prescribing* (page 23)
- *Monitoring and management of opioid analgesic adverse effects* (page 27)

2. NPS MedicineWise (now hosted on the ACSQHC website) *Safe use of opioids in acute pain* https://www.nps.org.au/safe-use-of-opioids-in-acute-pain (developed to support the ACSQHC Clinical Care standard)

Session format

A 90-120 minute workshop delivered via facilitator(s) either face-to-face, or online.

Learning objectives

Scope of OIVI ER sessions

To achieve recognition for the ANZCA and FPM CPD Program, the education session must address the objectives below:

Mandatory learning objectives:

Knowledge

1. Describe the key components of the physiology underlying the development of OIVI.
2. Understand that reliable identification of patients who are at increased risk of OIVI is not possible.
3. Identify potential fixed (usually patient-related) and modifiable (and so usually avoidable) risk factors for OIVI, while recognising that the aetiology of OIVI may be multifactorial and that patients without any identifiable risk factors can still develop OIVI.
4. Understand that OIVI can usually be avoided in the acute pain setting by careful titration of the dose against effect and careful observation and monitoring; this applies to all opioids regardless of route or technique of administration.
5. Understand the various methods that are used to monitor patients for the onset of OIVI and the reliability and availability of each, especially in a general ward setting and after discharge.
6. Recognise the importance of carefully titrating opioids in patients *with acute opioid-responsive pain* according to appropriate measures of analgesia efficacy and early signs of OIVI.
7. Recognise that the identification and management of OIVI involves multiple clinician groups who should all have the same understanding of the issues involved.
8. Understand that there is a requirement for organisational risk assessment via incident reporting, audit of events, benchmarking and, if required, root cause analysis. This requires standardised definitions of OIVI to be used.

Skills

1. Apply appropriate measures for assessment of analgesic efficacy and monitoring for OIVI to guide opioid titration especially in the acute pain setting.
2. Demonstrate leadership in helping to develop institutional 'track and trigger' protocols for OIVI including clear guidance for avoidance of modifiable risk factors, monitoring requirements, and appropriate interventions should a patient develop OIVI.
3. Demonstrate leadership in helping to develop or deliver appropriate institutional education programs which include information on avoidance of modifiable risk factors for OIVI as well as recognition and management of OIVI.
4. Demonstrate leadership in helping to develop appropriate education resources for patients and their carers which include information on monitoring for OIVI and avoidance of modifiable risk factors both in hospital and after discharge.
5. Discuss the potential fixed and modifiable risk factors for OIVI and the need to address modifiable risk factors where possible.
6. Outline key information that should be given to the patient and family/carers on discharge from hospital, emphasising that sedation is an indicator of OIVI and the appropriate actions they should take should excessive sedation occur..

7. Support the development of institutional protocols that include audit, incident monitoring and root cause analysis and know when to employ these for organisational risk reduction. Standardisation of the definition of OIVI is required, including when benchmarking institutional performance.

Session structure

Both face-to-face or online workshops must:

1. Provide pre-course reading that references strategies to minimise the risk of OIVI and mitigate harm.
2. Use a group discussion format.
3. Include short didactic presentations to highlight key knowledge areas.
4. Include case-based scenarios with a variety of clinical features for discussion.
5. Be facilitated by a clinician who is appropriately skilled and experienced to deliver the content of the session. If possible, the facilitator will have medical education experience and/or credentials.
6. Provide one facilitator per 15 participants' ratio. Facilitators must be actively engaged with each participant. A smaller number (e.g. 10 participants) may be preferred for online workshops.
7. Course directors who wish to record information relating to the performance or conduct of participants must obtain written consent and adhere to the privacy policies of their organisation and location. ANZCA does not collect this information, and it is optional for the course provider and/or director to do so.

Session materials

- Certificate of participation/completion to be provided to the CPD participants with the recognition code provided by ANZCA and the duration (hours) of the course/workshop.
- Material for presentation, including:
    - The physiology underlying the development of OIVI.
    - Factors (fixed and modifiable) that have been reported to be associated with an increased risk of OIVI.
    - Case discussions
    - Strategies to minimise the risk of OIVI and mitigate harm including:
        - Avoidance or modification of risk factors where possible.
        - 'Track and trigger' protocols to enable early identification of OIVI (through monitoring) and early escalation of care and management of OIVI.
        - Appropriate assessment of a patient's pain and opioid efficacy in the acute pain setting.
        - Appropriate discharge opioid prescribing.
    - Education of all staff in the importance of monitoring for OIVI and appropriate escalation of care and urgent interventions.
    - Education of patient and their carers related to in-hospital care and after discharge with respect to OIVI.
- Debrief
- Session evaluation forms or online survey for participant feedback
- Participant list template to record date, venue and names of participants.

ANZCA and FPM CPD portfolio recording

Participants record this activity under

> Category 3 Emergency response: OIVI ER with the Certificate of completion uploaded as evidence.

Facilitators who are also CPD participants record this activity under

> Category 3 Emergency response: OIVI ER with confirmation of facilitation uploaded as evidence

Change control register

Version	Author/s	Reviewed by	Approved by	Approval date	Sections modified
1	Prof Pamela Macintyre	FPM PSC Committee	CPD Committee	2023	Created
2	Prof Pamela Macintyre and OIVI Facilitator Group			2025	Some changes made to make meaning of some content clearer and adding to the requirements to be a facilitator
3	CPD Team	Prof Pamela Macintyre and Dr Debra Devonshire	Prof Pamela Macintyre and Dr Debra Devonshire	2026	Update version of recommended resources to PS41 (G) Position statement on acute pain 2023