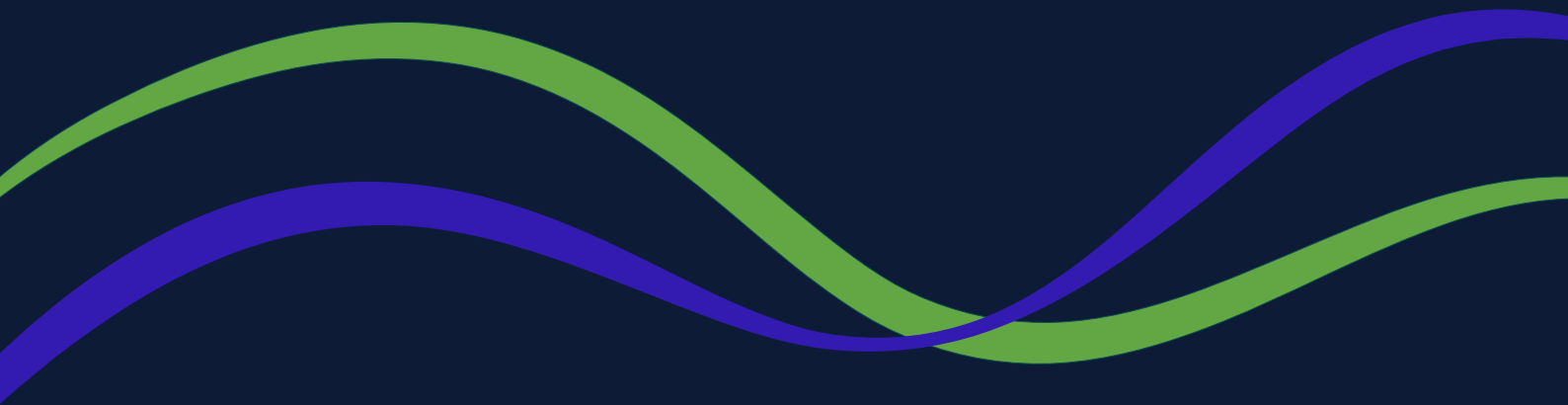# FPM

Faculty of Pain Medicine
ANZCA

Resources for Opioid Stewardship Implementation (ROSI)

Prescribing guidelines

April 2024

Prescribing support tools and guidelines should be integral to any opioid stewardship program.

Their use increases adherence to best practice recommendations.

They support clinical decision-making by ensuring appropriate medication inclusion and exclusion and providing safe reference ranges for dosage.

Most importantly, using decision support tools minimises the risk of patient harm.

Prescribing tools within resources for opioid stewardship implementation (ROSI) that can be adapted for local use include:

- Opioid lanyard prescribing guide.
- Celecoxib prescribing guidelines.
- Modified-release (MR) opioid audit tool.
- Suggestions for electronic prescribing alerts/ pop ups to discourage the initiation of MR formulations for acute pain.

Prescribing protocols provide evidence for working toward the following statements from the Australian Commission for Safety and Quality in Health Care (ACSQH) Opioid Analgesic Stewardship in Acute Pain Clinical Care Standards - Acute care edition (CCS):

- **Quality statement 3** - Risk-benefit analysis
- **Quality statement 5** - Appropriate opioid analgesic prescribing
- **Quality statement 7** - Documentation
- **Quality statement 8** - Review of therapy

AND

- ACHS accreditation and SNAP assessments

Local pharmacists responsible for electronic medication management can assist with developing and creating prescribing support protocols and alerts within a hospital's prescribing electronic platform to align with the recommendations of the CCS and best practice opioid prescribing.

Clinical practice point

Any prescribing protocols prepopulated within electronic medication charts must align with all other resources that may be used and referenced by prescribers (i.e., lanyard cards, local policy and procedure).

Time-limit prescriptions to encourage appropriate regular review for ongoing indication and other appropriate review and monitoring, for example eGFR

Example 1: Prescribing alert

Prescribing alerts may be generated to prevent the initiation of medications, particularly modified-release (MR) formulations. For example, if a prescriber intends to prescribe a MR formulation, they are prompted with an alert that requires confirmation of the prescription's appropriateness.

Medication (searched on eMeds)	Rule: MR opioids for acute pain
tapentadol 50mg modified-release Also applies to all other MR opioids available to prescribers.	**Alert :** **This medication is only approved when prescribed as a continuation of the patients' regular medication.** MR opioids are not indicated for the management of acute pain Please contact APS for advice **References:** Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard (2022) ANZCA/FPM Position Statement (2023)

Example 2: Prescribing protocol aligned to age-based opioid prescribing lanyard

Options for annotation in electronic prescribing tools also provide the opportunity to assist prescribers by directly referencing other decision-support tools.

APS Acute Pain Protocol: 15-39 years (inpatient)

Comment: These are the recommended initial opioid doses for opioid-naive patients in moderate-severe pain.
Patients on MR opioids or opioid substitution therapy should have these continued in addition to the medications below.

1. Tapentadol is the preferred opioid in this age group.
2. Select morphine only if patient is NBM.
3. Aperients should be charted for all patients on an opioid.

Reference: Age-based opioid dosing in moderate-severe acute pain lanyard (2023).

Medications

paracetamol tablet

Dose: **1000 mg** oral **four times** Daily

06:00, 12:00, 18:00, 22:00

AND Optionally

celecoxib capsule

Dose: **100 mg** oral **twice daily** for 10 days

08:00, 20:00

AND Optionally

morphine injection

Dose: **7.5 to 12.5 mg** subcutaneous **when required** for 3 days
minimum dosage interval 4 hours
up to 6 doses per day

OR

oxycodone tablet

Dose: **10 to 20 mg** oral **when required**
minimum dosage interval 4 hours

OR

tapentadol tablet

Dose: **50 to 100 mg** oral **when required**
minimum dosage interval 3 hours
up to 600 mg per day

AND Optionally

docusate 50mg + sennosides 8mg tablet

Dose: **1 to 2 tablets** oral **when required**
minimum dosage interval 8 hours
up to 4 tablets per day

Example 3:

APS Acute Pain Protocol: over 85 years (inpatient)

Comment:	These are the recommended initial opioid doses for opioid-naive patients in moderate-severe pain. Patients on MR opioids or opioid substitution therapy should have these continued in addition to the medications below. 1. Oxycodone is the preferred opioid in this age group. 2. Select morphine only if patient is NBM. 3. Aperients should be charted for all patients on an opioid. **Reference:** Age-based opioid dosing in moderate-severe acute pain lanyard (2023).

Medications

paracetamol tablet

Dose: **1000 mg** oral **four times** Daily

06:00, 12:00, 18:00, 22:00

AND Optionally

celecoxib capsule

Dose: **100 mg** oral **twice daily** for 10 days

08:00, 20:00

AND Optionally

morphine injection

Dose: **2 mg** subcutaneous **when required** for 3 days
minimum dosage interval 4 hours
up to 6 doses per day

OR

oxycodone tablet

Dose: **2.5 mg** oral **when required**
minimum dosage interval 4 hours
up to 15 mg per day

AND Optionally

docusate 50mg + sennosides 8mg tablet

Dose: **1 to 2 tablets** oral **when required**
minimum dosage interval 8 hours
up to 4 tablets per day

Abbreviations:

ACSQH - Australian Commission for Safety and Quality in Health Care
ACHS - Australian Council on Healthcare Standards
SNAP - Short Notice Assessment Pathway

ST VINCENT'S
HOSPITAL
SYDNEY