| CALHN | | PATIENT LABEL | | | | | | | |
|--|--|--|---------|--|--|--|--|--|--|
| ☐ RAH ☐ TQEI | Н | Unit Record No.: | | | | | | | |
| IMMEDIATE-RELEASE 'PRN' O | Surname: | Surname: | | | | | | | |
| SUBCUTANEOUS OPIOID ORD | | Given Names: | | | | | | | |
| MANAGEMENT OF ACUTE | PAIN | Date of Birth: | Sex: | | | | | | |
| OPIOID ORDERS: | | | GEI | NERAL ORDERS: | | | | | |
| 1. If the patient is drinking, an oral or | oioid is usually | given. | | Supplemental oxygen (2 to 4 L/min | | | | | |
| Usually order <u>EITHER</u> oral <u>OR</u> su for each route of administration). | ibcut (note tha | at doses are different | S | asal specs) may be advisable in ome patients, e.g. after major surgery r trauma. | | | | | |
| Refer to guidelines (see back of the opioid-naïve patients; DO NOT us not 5.0 mg); Order dose as mg or | e trailing zeros microgram. | s (e.g. 5 mg and | s (i | Note that administration of other systemic opioids or sedatives (including antihistamines) will increase | | | | | |
| There must be an interval of at lear regardless of route of administration | | etween doses, | | ne risk of respiratory depression. | | | | | |
| | | | | laloxone must be immediately vailable. | | | | | |
| 1. ORAL OPIOID (name): | 1. SUBCU | IT OPIOID (name): | ro b | Many patients will not ask for pain elief, therefore analgesia should e offered hourly until comfortable and | | | | | |
| DOSE RANGE: Sign & date any change. to | | RANGE: Sign & date any change. | n | nen at least 4 hourly, with concurrent nonitoring and documentation of pain and sedation scores. | | | | | |
| to | | to | | Monitoring requirements: ee overleaf. | | | | | |
| 3. DOSE INTERVAL: | 3. DOSE I | NTERVAL: | р | or inadequate analgesia or other roblems related to the analgesia, ontact the medical officer. Patients | | | | | |
| hourly PRN | | hourly PRN | V | vith two consecutive pain scores at | | | | | |
| (providing sedation score < 2) | (providin | g sedation score < 2) | | est > 7 and/or FAS = C must be eviewed by a doctor. | | | | | |
| Place label on the PRN sec | ction of the | NIMC MR 90.0 | | respiratory rate is 8-10/min, no action | | | | | |
| For All PRN opioid | ee MR98.9 | is required as long as sedation score < 2. If sedation score is 2 or 3, follow instructions below. | | | | | | | |
| TREATMENT OF SIDE EFFEC | TS: | | | | | | | | |
| RESPIRATORY DEPRESSION (EXCESSIV | E SEDATION): | | | | | | | | |
| If sedation score = 2 (indicates res a. medical review required within b. do not give any more opioid un c. do hourly sedation scores until d. reduce size of subsequent dose | 30 mins til sedation score | ore < 2 e < 2 for at least 2 hours | | | | | | | |
| 2. If sedation score = 3 (indicates severand respiratory rate ≤ 7 breaths/mine. a. initiate MER call b. give 100 microgram NALOXON give 400 microgram NALOXON c. do hourly sedation scores until | n: IE IV stat. Rep IE subcut or IN | peat 2 minutely PRN up to | | oiratory rate) OR sedation score = 2 | | | | | |
| Nausea and vomiting: Refer to hospital protocols | | | | | | | | | |
| SIGNATURE OF MEDICAL OFFIC | CER: | | | Date: | | | | | |
| (Print name | |) Designation | | Contact No | | | | | |
| Cease above orders: | | | | | | | | | |

Date:...

Time:.....

Contact No..

Signature of MO.

for prior administration lds and commence observations. r subcut opioid has receded by an IV opioid, se to record hourly se to record hourly ations for 6 hours after se CALHN Guidelines INTERMITTENT IMMEDIATE-RELEASE (IR) ORAL OR SUBCUTANEOUS OPIOID ADMINISTRATION For Acute Pain Management er repeat same dose (unless situation has altered) or can try increase in dose in attempt to duration of analgesia to 2-3 hrs Is it more than I hour since patient had last dose? Is sedation score less than 2 and respiratory rate ≥ 8/min? dation score, respiratory rat and pain score. ion score less than 2 and piratory rate ≥ 8/min? omfortable (in pain) r requests) pain relief **↓** YES **♦** YES YES **∀** YES YES YES YES ₽§ 중 8 S Seek medical advice Follow instructions on front of chart Obtain order

Order recommended dose of immediate - release opioid hourly prn (Note: this is for inpatients only; suggest 4 hourly prn otherwise).
Suggest start in middle of dose range.
Doses may be given hourly if needed but frequency of subsequent doses will depend on response to previous dose; can increase dose given in attempt to extend duration of analgesia to 2-3 h or more as long as sedation score is less than 2.

mit of dose range can be increased if analgesia is inadequate, sedation score is less than 2 and respiratory ater than 7 breaths/min (first check that doses are correct/ have been given).

ne and rentanyl can be given to patients with renal impairment.

the equianalgesic dose (same analgesic efficacy) for subcut oxycodone is equal to that of subcut morph the eral oxycodone dose. That is 10 mg subcut oxycodone = 10 mg subcut morphine = 20 mg oral

Recommended dose interval: 1 hourly

70 – 85 60 – 69

2.5 - 52-3

40 – 100

× 85

MONITORING OF THERAPY IS ESSENTIAL IF OPIOIDS ARE TO BE TITRATED SAFELY FOR EACH PATIENT

IMPORTANT NOTES

Slow-release (SR) opioids such as OxyContin, MS Contin and Kapanol, as well as fentanyl or buprenorphine patches, are <u>not</u> suitable or safe for management of acute pain.

At some hospitals patients can only be commenced on SR opioids and fentanyl or buprenorphine patches by the Pain Management Unit, Acute Pain Service, Cancer Centre, Spinal Injury Unit & also Consultant General Physicians and Geriatricians for prescription for patients with malignancy. Check hospital Formulary.

Note that the equianalgesic dose to the tist the oral oxycodone dose. That is 10 mg subcut oxycodone.

but is half the oral oxycodone dose. That is 10 mg subcut oxycodone.

oxycodone.

If a decision is made to give subcut fentanyl note that 10 mg morphine = 150 microg fentanyl. Note also that 150 microg fentanyl = 3 mL, which is a large volume for subcut injection, and can be very painful unless given slowly.

Some patients may require a prescription for oral oxycodone at discharge.

If patient was already taking long-term opioids on admission or has a history of substance abuse this may not be appropriate – seek advice.

IMMEDIATE-RELEASE 'PRN' ORAL AND SUBCUTANEOUS OPIOID ORDERS

MR 98.9

The doses below are suggested <u>initial</u> doses only for <u>opioid-naïve in</u>patients <u>with</u> <u>moderate to severe</u> acute pain. Consideration should be given to dosage amendment in differing clinical situations oid-tolerant patients (patients taking er opioid doses are more appropriate in patients with less pain and/or if ment is not initial. Subcut MORPHINE or OXYCODONE (mg) * 7.5 – 12.5 5 – 10 2.5 – 7.5 Subcut FENTANYL (microg) * seek advice 100 – 200 75 – 150 Oral OXYCODONE (mg) * 10 - 25 10 - 20 5 - 15 5 - 10

Age (yrs)

CALHN Drug Committee Approved Nov 2013 Planned review date Dec 2014

AGE-BASED IMMEDIATE - RELEASE OPIOID DOSES FOR ACUTE PAIN MANAGEMENT

CALHN

IMMEDIATE-RELEASE 'PRN' ORAL AND SUBCUTANEOUS OPIOID ADMINISTRATION

Observations and Record of Drug
Administration

| | PATIENT LABEL |
|------------------|---------------|
| Jnit Record No.: | |
| Surname: | |
| | |
| Date of Birth: | Sex: |
| | |

MONITORING REQUIREMENTS:

RECORD PAIN SCORE, SEDATION SCORE, RESPIRATORY RATE AND FAS

a) At the TIME OF ADMINISTRATION of the opioid AND

| b) 1 | HOUR | after adminis | tration <u>/</u> | <u>AND</u> | | | | | | | | | | |
|-------------|----------------------|-----------------|---|------------------------------|-----------------|--------|--------|---------|----------|----------------|--------------|-------|--|--|
| | At least of the same | | r any pa | itient orde | red | opio | ids f | or ma | na | gement | t of the | ir ac | cute pain and offer* pain relief at | |
| * offe | r pain re | lief more frequ | uently if r | needed; do | not | wait | for p | atient | rec | uest | | | | |
| Pain | Score: | | 8 | Sedation S | core | e: | | | | | | | Functional Activity Score (FAS) | |
| 0 = r | no pain | | 0 = wide awake A = no limitation of (relevant) activity due to pain | | | | | | | | | | | |
| 10 = \ | worst pai | n imaginable | 1 | I = easy to | rous | se, ca | an st | ay aw | ake |) | | | B = mild limitation of activity due to | |
| NB: re | cord pain | scores at rest | and 2 | 2 = easy to | rous | se bu | ıt caı | nnot st | ay | awake | | | pain | |
| | | nent e.g. cough | | B = difficult | to ro | ouse | (sev | ere re | spir | atory d | epressi | on) | C = unable to complete activity du to pain | |
| Reco | rd drug | given, dose | and ro | ute of adn | ninis | strat | ion, | pain, | se | dation | score | s, re | espiratory rate and FAS below | |
| Date | Time | Drug | Dose | Route (oral or subcut) | l . | | | 6 8 1 | | Sed'n Score | Resp Rate | FA | AS Comments Signatur RN or Mo | |
| obser | vations a | | | | | | | | | | | | IN scores (including frequency of FORM AND NOT ON MR 59A | |
| Exam | vple: | | | | Ш | | | | | | | | | |
| 26/3 | 1100 | Morphine | 10mg | subcut | Ш | | X | X | | 0 | 12 | E | B J Smith | |
| 26/3 | 1200 | (one hour l | ater) | | | X | X | | | 1 | 12 | + | 4 J Smíth | |
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0 2 4 6 8 10

| ADVERSE DRUG REACTIONS | | | | | | | | | | | |
|--|------|------|------|------------------------------|----------------------------|----------------|--------------|-----|------|-------|-----------------------|
| Drug Date | | | | Э | ļ | Sig | nature | | | | |
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| Record drug given, dose and route of administration, pain, sedation scores, respiratory rate and FAS below | | | | | | | | | | | |
| Date | Time | Drug | Dose | Route (oral or subcut) | Pain Scores X 0 2 4 6 8 10 | Sed'n Score | Resp Rate | FAS | Comm | nents | Signature RN or MO |

| Date | Time | Drug | Dose | Route (oral or subcut) | ain s | | | Sed'n Score | Resp Rate | FAS | Comments | Signature RN or MO |
|------|------|------|------|------------------------------|-------|--|--|----------------|--------------|-----|----------|-----------------------|
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Not all patients will need or should be prescribed oxycodone (or any other oral opioid) when they leave hospital. If prescription for oral oxycodone is thought necessary, the following guide is suggested.

DISCHARGE PRESCRIPTIONS FOR ORAL OXYCODONE:

- Use immediate-release oxycodone (Endone®) only, not SR (OxyContin®)
- The dose of oxycodone prescribed should be based on the patient's immediate-last 24 hour requirement; suggest order 4 hourly prn for discharge
- In most patients it is suggested that doses are reduced each day after discharge and that duration of treatment is restricted to a week or less unless the patient is reviewed

Complete the following:

- Immediate-last 24 hour total dose of oxycodone required =mg
- Divide this daily dose by 6 to obtain the maximum 4 hourly dose; allow a range so that lower doses can be taken
- Therefore, dose of oxycodone prescribed = mg to mg 4 hourly PRN

Note: If calculated dose is 20 mg or more, seek advice before prescribing.

| Signature of MO | Date |
|-----------------|------|
|-----------------|------|