FPM

Faculty of Pain Medicine
ANZCA

Resources for Opioid Stewardship Implementation (ROSI)

Prescribing guidelines

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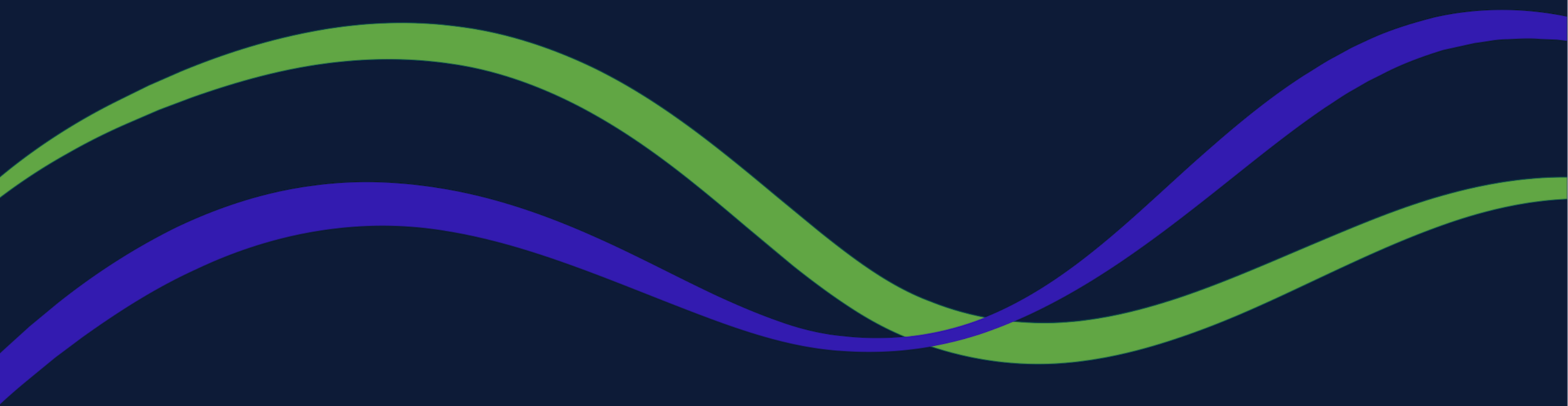

Prescribing support tools and guidelines should be integral to any opioid stewardship program.

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.

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.

Clinical Practice Point

Prescribe only one PRN opioid

Safest prescribing is for a single PRN opioid. Prescribing multiple opioids increases the risk of an inappropriate dosing interval and opioid-induced ventilatory impairment (OIVI).

If a patient continues to report inadequate analgesia and pain is limiting function despite an appropriate age-based dose, it may be appropriate to increase the dose if the patient's sedation score is less than 2 and the pain appears to be opioid-responsive.

If there are concerns about the efficacy of the oral route of administration (e.g. nausea and vomiting) there must be at least a one-hour interval between the oral dose and any subcutaneous opioid. The subcutaneous route of administration should be cancelled at the earliest opportunity.

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

Medication	Dose	Times
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

The Resources for Opioid Stewardship Implementation (ROSI) have been developed by Ms. Bernadette Findlay, Clinical Nurse Consultant, and Associate Professor Jennifer Stevens, Anaesthetist and Pain Medicine Specialist at St. Vincent's Hospital, Sydney, in conjunction with the Faculty of Pain Medicine. Development of the ROSI has been supported by an unrestricted educational grant from CSL Seqirus. CSL Seqirus were not involved in the creation of intellectual property or any other content contained within the ROSI.