OBJECTIVE:
To improve patient safety by promoting the judicious and safe prescribing and administration of Opioids. (See Nursing Policies for Monitoring and Assessment).

SPIRITUAL CARE POLICY STATEMENT:
“The Ethical and Religious directives for Catholic Health Care Services (ERDs) guide us in the policies and procedures we implement. With regard to the care of the patient:

Part One, “The Social Responsibility of Catholic Health Care Services” Directive 2 states, “Catholic health care should be marked by a spiritual of mutual respect among caregivers that disposes them to deal with those it serves and their families with the compassion of Christ, sensitive to their vulnerability at a time of special need.” This element of the ERDs provides the foundation for the policy offered below.”

POLICY/PROCEDURE:

1. *A patient’s medication profile should only contain one injectable opioid analgesic.

   If a duplicate injectable (non-PCA administered) opioid analgesic orders exist, the pharmacist will AUTOMATICALLY discontinue the oldest injectable opioid analgesic order, leaving the most current order available to administer to the patient. Patients receiving PCA Opioids will have all other injectable (non-PCA administered) opioids discontinued.

   *Example: a). Patient has morphine IV already on profile, new order written for meperidine IV, meperidine is entered and morphine is discontinued. b). Patient has order for PCA Morphine, new orders for other injectable opioids will not be added to the profile. c). Pt has orders for injectable opioid on the profile, when a new order for PCA opioid is written the existing injectable (non-PCA administered) opioids will be discontinued.

   *Exception: If the prescriber specifies parameters for an alternate injectable route.
   *Example: Morphine 2 mg IM Q4H prn pain if unable to obtain IV access

2. *A patient’s medication profile should only contain one short-acting oral opioid analgesic entry. Automatic discontinuation of the oldest order for the short-acting oral opioid analgesic maybe done by the pharmacist in some cases the pharmacist may not be able to automatically discontinue duplicate
oral opioid analgesics when unable to determine the oldest order, such as when duplicates are received on the same order sheet or within the same time frame of CPOM entry).

Example: a) Patient has Norco 5/325 on profile, new order written for Norco 10/325, Norco 10/325 is entered and Norco 5/325 is discontinued. b) Patient has Norco 10/325 on profile, new order for Percocet 5/325, Percocet 5/325 is entered and Norco 10/325 is discontinued.

*Exception: If the prescriber specifies parameters in which one agent can be chosen over the other, such as differing pain scale ratings or if patient is receiving a long-acting and short-acting opioid for breakthrough pain.

Example: Norco 5/325 1 tablet Q4H prn pain 4-6, Norco 7.5/325 1 tablet Q4H prn pain 7-10. Oxycontin 40 mg PO Q12H + OxyIR 5 mg PO Q4H PRN

3. Administration guidelines and peak onset will be listed within the label comments of the eMAR for IV narcotics.
   The following information will be placed on the label comment section of the eMAR for the various agents listed:

- **Hydromorphone IV**
  Dilute with 9 ml of sterile saline, administer slowly over 5 minutes
  Peak Onset: 10-20 minutes

- **Fentanyl IV**
  Dilute with 9 ml of sterile saline, administer slowly over 5 minutes
  Peak Onset: 5 minutes

- **Morphine IV**
  Dilute with 9 ml of sterile saline, administer slowly over 5 minutes
  Peak Onset: 15-30 minutes

- **Meperidine IV**
  Dilute with 9 ml of sterile saline, administer slowly over 5 minutes
  Peak Onset: ~30 minutes

4. The established maximum dose of injectable (non-PCA administered) Dilaudid (HYDROMorphone) is 1.5mg for as needed administration for pain.
   a) All doses of as needed Dilaudid (non-PCA) that are greater than 1.5mg will be automatically de-escalated to 1.5mg to reduce the risk of over sedation.

<table>
<thead>
<tr>
<th>Dilaudid dose written</th>
<th>Dilaudid Automatic dose de-escalation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater than 1.5mg</td>
<td>1.5mg same as need (prn) dosing interval</td>
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The nurse in collaboration with the patient’s physician may suggest the use of PCA administered Dilaudid in PCA appropriate patients.

A notation will be made in the comment section that dose de-escalation has occurred.

§Exception: ICU or ventilated patients..........................Surgical Executive Committee

Comfort care or terminally ill patients..........AHEC

Opioid ‘tolerant’ and/or chronic pain patients with recent exposure to, or have been maintained on, high-dose opioids in which lower doses are ineffective – The pharmacist will need to verify previous doses of opioids received to determine if current dose of HYDROMorphone is appropriate.

5. The established minimum frequency-interval of injectable (non-PCA administered) Dilaudid (HYDROMorphone) is every 3 hours as needed.

A notation will be made in the comment section that a interval substitution has been made.

§Exception: ICU or ventilated patients..........................Surgical Executive Committee

Comfort care or terminally ill patients..........AHEC

Opioid ‘tolerant’ and/or chronic pain patients with recent exposure to, or have been maintained on, high-dose opioids in which lower doses are ineffective – The pharmacist will need to verify previous doses of opioids received to determine if current dose of HYDROMorphone is appropriate.

6. Injectable Fentanyl will not be stocked on General or Medical-Surgical floors..........MSIT/Surgical Executive Committee

7. Alerts are placed in the Pyxis and Meditech to indicate that 1mg of Diluadid is equal potent with 7mg of Morphine.

8. Alerts are placed in the Pyxis and Meditech to indicate that fentanyl transdermal patches are not indicated in the treatment of acute pain, short-term, or post-op pain.

9. Pharmacy will track and analyze opioid-related incidents (including dosage of opioids equal to or exceeding 90MME/day for chronic pain) for quality improvement purposes and report in the Medication Error Analysis Team, the Medication Safety Initiative Team and other committees as deemed appropriate. Pharmacy will track
10. Use conversion support systems to calculate correct doses of opioids to help prevent problems with conversions from oral, IV and transdermal routes of administration

11. The assessments are particularly important when the dose has been increased or another type of opioid is administered. In addition to monitoring respiration and sedation, pulse oximetry can be used to monitor oxygenation, and capnography can be used to monitor ventilation. Use of capnography is preferred. (See Nursing Policies for Monitoring and Assessment).

12. When pulse oximetry or capnography is used, it should be used continuously rather than intermittently (See Nursing Policies for Monitoring and Assessment).

13. The P&T committee allowed for the administration of a single dose of Morphine 1mg IV push as prescribed on the low-dose PCA Morphine Protocol when Morphine PCAs are mixed in pharmacy.

**Definition:** **PCA appropriate patients** – Those patients in which PCA would not be contraindicated (not recommended in infants, young children, confused elderly, cognitively, physically, and psychologically impaired). Patients who are not at risk for respiratory depression due to comorbid conditions such as obesity, asthma, or sleep apnea, or use of concurrent drugs that potentiate opiates.