Canadian Society of Hospital Pharmacists
Société canadienne des pharmaciens d'hôpitaux

Safe Transitions of Care for Patients Taking Opioids

PATIENT EXPERIENCE

"I want pharmacists to ask what opioids I have been on and look at my opioid contract. A treatment agreement with my doctor makes us both accountable, and it's to protect both of us, really. There are other people like me who are taking opioids responsibly and we are terrified they will be ripped out from under us."

—Patient

"She was a 40-year-old mother of 3 who had recently resolved her oxycodone addiction, born of a dental procedure years ago. After she was involved in an accident, she was afraid of receiving opioids and descending back into the alternating feelings of euphoria and despair that made up her life for 5 years, but she was also fearful of not receiving opioids and suffering unbearable pain."

—A patient's story

STEPS YOU CAN TAKE

- Ask me about my understanding of and experience with pain, how I expect opioids will help, and my worries about taking opioids.
- Ask me about other things I have tried for pain.
- Ask me how I am currently taking opioids. Ask when I took my last dose, if I've had any problems with opioids or other substances, and if I have a treatment agreement with my prescriber.

This briefing focuses on patients with acute and chronic non-cancer pain; however, patients with cancer pain and those at the end of life are also at risk of adverse events related to transitions of care. Follow the same general principles to ensure safe transitions for all patients.

PRACTICE MODEL

Consider non-opioid and non-pharmacologic alternatives first.

Use the lowest effective dose of opioid. Higher morphine milligram equivalents (MMEs) per day can increase the harms associated with opioids.

For acute pain (e.g., fracture, surgery), use an opioid for the shortest clinically reasonable time, usually 3–7 days. Before patients leave the hospital, ensure they have an opioid exit plan explaining exactly how and when to reduce or stop the opioid.

STEPS YOU CAN TAKE

- At admission, obtain a best possible medication history (BPMH), perform medication reconciliation, and resolve any unintentional discrepancies with opioid medications. Perform a chart check to confirm the most recent opioid orders.
- Check the equianalgesic equivalencies of all opioid doses administered over the past 3–5 days (including prn doses) to confirm dose reasonableness and the patient's tolerance.
- Double check calculations when changing doses, changing routes, switching from one opioid to another, or starting a new CADD or PCA pump.
- Support discharge medication reconciliation through independent double check of the discharge summary and prescriptions with comparison against the medication administration record (MAR) and BPMH at admission to identify discrepancies, therapeutic duplication, formulary substitutions, and incomplete or inaccurate information.
- Communicate the discharge summary and prescriptions to the patient, family, and healthcare providers in the patient's circle of care.

STEWARDSHIP

Carefully balance effectiveness (reducing pain, improving function) with risks of side effects and harms of overuse and opioid use disorder. Opioids are intended to lessen pain enough to accomplish daily activities, not to reduce pain to zero. Be aware that opioids can increase pain sensitivity in some patients. Patients with chronic pain may benefit from slow reduction of the opioid dose.

Share best practices and resources with the team (e.g., screening and treatment for substance use disorder, naloxone use, opioid tapering, opioid-induced hyperalgesia, non-opioid alternatives and adjuncts, restriction of fentanyl patch use for chronic pain).

STEPS YOU CAN TAKE

- Discuss with patients and family members the limitations of opioids, ways to reduce the risks of opioid use disorder, safe storage and disposal of opioids, signs of overdose, opioid tapering, and dangerous combinations that can increase risk of falls, side effects, or overdose.
- Check for drug–drug interactions, and evaluate comorbidities that may increase the risk of harm, such as COPD or renal failure.
- Ensure patients know whom to contact if problems occur or if they have questions.
- Remind patients not to save unused opioids for future use or self-medication (unless instructed otherwise), and never to share their opioid prescriptions.

PARTNERS

In addition to the patient and family, the core team may include various care providers: pharmacist, physician, nurse, nurse practitioner, acute pain team, anesthesiologist, pain specialist, addiction specialist, psychologist, or social worker. The team works in full partnership to develop an individualized pain management plan. Support from clinical leaders and hospital administrators is imperative.

Create cross-sectoral teams (e.g., primary care pharmacist or physician, community pharmacist, homecare providers, long-term care providers, rehabilitation hospital staff) to improve communication at transitions.

STEPS YOU CAN TAKE

- Survey patients, primary care pharmacists and physicians, community pharmacists, and long-term care pharmacists and homes, to find out how to improve discharge summaries and prescriptions, opioid educational materials, and patient-friendly discharge calendars.
- Host face-to-face meetings with the organizations that transfer patients to and from your organization, to discuss communication gaps and ways to improve opioid management.
- Work with the care team and the facility to limit or reduce default quantities on discharge opioid prescriptions.
- Identify the resources available in your community for non-pharmacologic pain therapy, treatment of substance use disorders, or assistance for patients at risk of harm.
- Confirm patients' understanding of how and when to access help in the community.

CASE STUDY

"Patient transferred from acute to rehab hospital. Discharge summary listed 'morphine SR 50 mg PO BID' indicating to continue medication from home, but MAR listed 'morphine SR 100 mg PO BID'. Patient and community and acute hospital pharmacists confirmed this dose, and rehab hospital ordered it. Two days later, the patient was found unresponsive and readmitted to acute care with respiratory depression due to morphine overdose.

It was later discovered that the patient was receiving fentanyl 25 mcg transdermal patch in the acute care hospital. The day before discharge, a resident incorrectly switched the fentanyl to 'morphine SR 100 mg PO BID', which therefore appeared on the MAR. After the MAR was sent to the rehab hospital, the order was reduced to 'morphine SR 50 mg PO BID' by the attending physician on the day of discharge. This was changed in the discharge summary, but not the MAR."

—Incident reported to ISMP Canada

There was a communication failure leading to unintentional medication discrepancy.

TIPS FOR SUCCESS

- Before any discharge, ensure that prescriptions, discharge summary, and MAR are consistent and reflect current orders in the chart.
- Whenever possible, work with the transferring facility to identify and reconcile medication discrepancies at transitions of care.
- Engage patients and caregivers starting at admission. Use shared decision-making tools to empower patients as partners in care.
- Help patients understand their pain and the goals of opioid therapy.
- Partner with patients to develop a pain plan. Explain any changes to pain medications.
- Discuss with patients the danger signs of opioid use: drowsiness, reduced respiratory rate, increasing use. Confirm the patient's understanding before discharge. Discuss the use of naloxone and how to access naloxone kits.
- Express all oral liquid opioid prescriptions in milligrams (mg), not millilitres (mL). Include the dose per kilogram for pediatric patients. Encourage family members to review labels and ask questions, especially if the volume differs from what was given in hospital.

RESOURCES FOR PATIENTS

Reporting opioid incidents: Safemedicationuse.ca

Tapering opioids: http://www.rxfiles.ca/rxfiles/uploads/documents/Opioid-Patient-Booklet-Taper-RxFiles.pdf

Safely disposing of medications, including opioids: www.healthsteward.ca

Opioid Stewardship: Patients and Families (resources compiled by ISMP Canada): www.Opioidstewardship.ca

Question Opioids (video series produced by ISMP Canada): https://www.youtube.com/playlist?list=PLvQDf5LHFSkM0I6nMFN9s2-yduDODTC2N

Five Questions to Ask about Your Medications (patient resource produced by Canadian Patient Safety Institute): http://www.patientsafetyinstitute.ca/en/toolsResources/5-Questions-to-Ask-about-your-Medications/Pages/default.aspx

Information about opioids (website maintained by Health Canada): https://www.canada.ca/en/health-canada/services/substance-use/problematic-prescription-drug-use/opioids/about.html

Canada's opioid crisis through the eyes of a patient (podcast from Canadian Patient Safety Institute): https://www.patientpodcastcanada.ca/opioid

Live Plan Be (online self-management tool from Pain BC): www.liveplanbe.ca

Patient experiences with opioids (multimedia resource from Ontario Drug Policy Research Network and the Healthy Debate website): https://www.theopioidchapters.com/

LIFESTYLE ADVICE

Encourage patients to take the following actions to avoid opioid-related adverse effects:

- Keep an up-to-date medication list that includes opioid, prescription, and nonprescription medications (e.g., cannabis, herbals, alternative medicines, acetaminophen, ibuprofen).
- Try non-opioid and non-pharmacologic interventions (e.g., physiotherapy, massage, mindfulness, ice) to treat pain.
- Store opioid medications in a secure place, out of reach of children and pets.
- Dispose of unused opioids safely by returning them to a local pharmacy.
- Follow up with the care team if they experience changes in mood, bearing in mind that patients with pain have a higher risk of mental health problems.

LEARN MORE

- Pharmacy 365: Opioid Use (resources compiled by Canadian Society of Hospital Pharmacists): www.cshp.ca/opioid-use
- Opioid Stewardship: Healthcare Providers (resources compiled by ISMP Canada): www.opioidstewardship.ca
- Navigating Opioids for Chronic Pain (infographic from ISMP Canada): https://www.ismp-canada.org/download/OpioidStewardship/navigating-opioids-11x17-canada.pdf
- Opioid Prescribing for Acute Pain (quality standards from Health Quality Ontario): https://www.hqontario.ca/Evidence-to-Improve-Care/Quality-Standards/View-all-Quality-Standards/Opioid-Prescribing-for-Acute-Pain. In particular, see quality statement 3 (opioid dose and duration) and quality statement 8 (tapering and discontinuation).
- Equianalgesic Dosing of Opioids for Pain Management (data compiled by Therapeutic Research Center, Stockton, California): https://www.nhms.org/sites/default/files/Pdfs/Opioid-Comparison-Chart-Prescriber-Letter-2012.pdf
- CEP website (tools and resources from the Centre for Effective Practice, University of Toronto): https://cep.health/
- Pain Management & Opioids (newsletter and mini-book from RxFiles, University of Saskatchewan): http://www.rxfiles.ca/rxfiles/uploads/documents/Opioids-Pain-2017-Newsletter.pdf

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