

Opioid Tip Sheet for Frontline Nursing and Certified Medical Technician Staff

Risk Factors

These increase the potential for adverse drug events (ADEs). Multiple factors increase risk.

- PRN or routine use of opioid medication
- Opioids used in combination with sedatives or other opioids
- History of opioid abuse
- Opioid tolerance
- Severe pain
- Low fluid intake/dehydration
- Low body weight
- History of head injury, traumatic brain injury or seizures
- Recent abdominal surgery
- Advanced age
- Diagnosis of dementia, Parkinson's, multiple sclerosis or quadriplegia
- Decreased mobility

Signs and Symptoms

Any of these may indicate an ADE may have occurred.

Change in mental status/delirium

- Falls
- Hallucinations
- Delusions
- Disorientation or confusion
- Light-headedness, dizziness or vertigo
- Lethargy or somnolence
- Agitation
- Anxiety
- Unresponsiveness
- Decreased BP, pulse, pulse oximetry, respirations

Prolonged constipation, ileus or impaction

- Abdominal pain
- Headaches associated with symptoms above
- Diarrhea or leaking stool
- Decreased bowel sounds
- Nausea/vomiting
- Decreased or inability to urinate
- Rapid heartbeat
- Sweating
- Fever
- Low or elevated BP

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Clinical Interventions

If any of these actions have occurred, the facility should conduct an investigation to determine if an ADE has occurred.

- Call to physician regarding new onset of relevant signs or symptoms
- Abrupt stop order for medication
- Immediate administration of Narcan® if an overdose is occurring
- Transfer to hospital

Quality Improvement

HQIN's [Opioid Adverse Drug Events Self-Assessment](#) can aid in evaluating systems and processes to identify areas for improvement in preventing opioid adverse drug events. Click the link or scan the QR code to access this tool.

