Opioid Tip Sheet for Frontline Nursing and CMT Staff

Risk Factors

These increase the potential for 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 absent ability 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.

- Administration of Narcan
- Transfer to hospital
- Call to physician regarding new onset of relevant signs or symptoms
- Abrupt stop order for medication

Quality Improvement

Access HQIN's "Prevention of Opioid Adverse Drug Events Self-Assessment" to assess your organization's commitment to preventing opioid ADEs.

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