

Week 5: Adverse Drug Events - Opioids

Monday

Adverse drug events are commonly experienced by people taking opioids as well as anticoagulants. Like anticoagulants, you will want to ensure staff caring for residents know which residents are at risk and what risk factors and sign/symptoms of adverse events may be.

Discuss opioid risk factors, adverse event signs/symptoms and interventions using the Opioid Tip Sheet for Frontline Nursing and CMT Staff.



Tuesday



Using non-medication pain relief methods can decrease the need for opioids.

Communicating with residents and families will help find the most effective pain relief methods for each patient. Sometimes facilities use methods like applying heat/cold, massage, ultrasound, or stretching exercises to help ease pain.

Remember to evaluate things like positioning, bed choice and seating choice when you are working to reduce pain.

What interventions does your facility use regularly? Can you think of non-medication pain relief methods your facility does not use that may be helpful?

Wednesday

Are residents and families educated about opioid use?

Knowledge of risk factors, signs and symptoms of adverse drug events, and the best ways to stay safe can prevent them and assist with early identification.

Review your policy for medication education and explore Opioid Resources for Patients and Caregivers.



Thursday

Opioids can be useful for controlling pain, but it is important to remember they carry a high risk for adverse events.

Review the Opioid Adverse Drug Events Self-Assessment with your team.

Complete each field below to assess your organization's commitment to preventing opioid ADEs. Download the <u>Plan-Do-Study-Act_Worksheet</u> to assist in your improvement efforts.			
What are your program strengths? What areas need improvement?			
Is there an assessment and determination of pain etiology?			
Does the resident's pain management regime address the underlying etiology?			
For a change in mental status is there evidence that a physician conducted an evaluation of the underlying cause, including medications?			
Is there a system for ensuring that residents are routinely assessed for pain, including monitoring for effectiveness or pain relief and side effects of medication (e.g., over-sedation, constipation)?			
If receiving PRN and routinely, is there consideration for the timing of administration of the PRN?			
Can staff describe signs/symptoms of over sedation?			
is there a system for ensuring "hand off" communication that includes the resident's pain status and time of last dose?			
Do the resident, family, and direct caregivers know signs and symptoms of over-sedation and steps to take if noted (e.g., alert the nurse)?			



Use the <u>Plan-Do-Study-Act Worksheet</u> to work toward improvements.

Friday

Narcan (Naloxone) is a medication used to reverse the effects of opioids. It is often discussed for treatment of overdose with illicit drugs but is often needed for people who are prescribed opioids. Every nursing home should have a policy for Narcan use.

Review your facility's policy with staff. Can staff identify where Narcan is kept and when it should be given? Post the Opioid Information Card to educate residents and caregivers.

