Policy

Clinical Guideline
Opioids: Guidelines for Prescribing on Discharge

Policy developed by: Quality Use of Medicines SA (QUMSA) working group, Medicines and Technology Programs branch, SA Health and Royal Adelaide Hospital Opioid Working Party.

Approved SA Health Safety & Quality Strategic Governance Committee on: 06 October 2015

Next review due: 31 October 2020

Summary: Opioids: Guidelines for Prescribing on Discharge Clinical Guideline is designed to promote the safe, effective and appropriate prescribing of opioids at hospital discharge to optimise patient outcomes in relation to post-discharge pain management. It includes the following considerations:

> appropriateness of prescribing an opioid on discharge
> determining the quantity of opioid to be ordered
> legal requirements of an opioid prescription
> required patient education
> communication to the primary care provider.

Keywords Opioid, opioids, narcotics, discharge, prescribe, prescription, pain, oxycodone, codeine, tramadol, clinical guideline

Policy history
Is this a new policy? N
Does this policy amend or update an existing policy? Y
Does this policy replace an existing policy? N
If so, which policies?

Applies to All Health Networks

Staff impact All Clinical staff involved in the prescription and/or supply of medicines to patients at hospital discharge (Medical, Nursing, Pharmacy, Dental).

PDS reference CG096

Version control and change history

<table>
<thead>
<tr>
<th>Version</th>
<th>Date from</th>
<th>Date to</th>
<th>Amendment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>08/10/2013</td>
<td>03/03/2015</td>
<td>Original version</td>
</tr>
<tr>
<td>1.1</td>
<td>03/03/2015</td>
<td>06/10/2015</td>
<td>New template, update contact information, and add paediatric information sheet</td>
</tr>
<tr>
<td>1.2</td>
<td>06/10/2015</td>
<td>22/12/2015</td>
<td>Updated format, Branch name and reference</td>
</tr>
<tr>
<td>1.3</td>
<td>22/12/2015</td>
<td>01/04/2016</td>
<td>Amended typographical error in Fact Sheet</td>
</tr>
<tr>
<td>1.4</td>
<td>01/04/2016</td>
<td>current</td>
<td>Amended telephone number for DACAS</td>
</tr>
</tbody>
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Clinical Guideline for prescribing opioids on discharge

April 2016
Disclaimer

This guideline provides advice of a general nature. This statewide guideline has been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach. The guideline is based on a review of published evidence and expert opinion.

Information in this statewide guideline is current at the time of publication.

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Health practitioners in the South Australian public health sector are expected to review specific details of each patient and professionally assess the applicability of the relevant guideline to that clinical situation.

If for good clinical reasons, a decision is made to depart from the guideline, the responsible clinician must document in the patient’s medical record, the decision made, by whom and detailed reasons for the departure from the guideline.

This statewide guideline does not address all the elements of clinical practice and assumes that the individual clinicians are responsible for:

- discussing care with consumers in an environment that is culturally appropriate and which enables respectful confidential discussion. This includes the use of interpreter services where necessary,
- advising consumers of their choice and ensure informed consent is obtained,
- providing care within scope of practice, meeting all legislative requirements and maintaining standards of professional conduct and
- documenting all care in accordance with mandatory and local requirements.

Document title: Guideline for prescribing opioids on discharge
First developed: September 2013
Version Number: 1.4
Last reviewed: April 2016
ISBN number: N/A
Replaces document: Royal Adelaide Hospital Opioid Working Party and Medicines and Technology Programs Branch, SA Health
Author: Medical, pharmacy, nursing, midwifery, dental and allied health staff involved in the prescription and / or supply of medicines to patients at hospital discharge.
Endorsed by: SA Health Safety and Quality Strategic Governance Committee
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1. Introduction

Opioids are one of the top high-risk medicines internationally and one of the top three high-risk medicines identified in the SA Health Safety Learning System (SLS)\(^1\).

Opioid misuse is increasing in SA in line with a global trend. In particular, oxycodone is one of the most diverted medicines worldwide and increasingly in Australia\(^2\), \(^3\), \(^4\). In 2007, the number of deaths from oxycodone and other pharmaceutical opioids outnumbered overdose death from illicit heroin and cocaine combined\(^5\).

A full review of the severity of pain and current opioid requirements should be considered by the prescriber prior to providing opioids for management of acute pain post-discharge\(^5\). Other factors to consider include the choice and formulation of the opioid, duration of treatment, how soon after discharge a patient can visit their primary health care professional, and the need for providing the patient with advice and information on managing their pain\(^5\).

2. Background

To support safer, effective and appropriate use of opioids, a guideline for prescribing opioid medications at hospital discharge has been developed. The Royal Adelaide Hospital’s Opioid Work Party (OWP) developed the initial guideline which was accepted following statewide consultation by the Quality Use of Medicines SA (QUMSA) working group of the SA Medicines Advisory Committee (SAMAC). The guideline is designed to optimise patient outcomes and minimise the potential for adverse effects, dependence and diversion.

3. Standards

This clinical guideline provides general principles for the safe and effective prescribing of opioids at hospital discharge and is aligned with the National Safety and Quality Health Service Standards.

**National Standard 1: Governance for Safety and Quality in Health Service Organisations**

**Criterion 1.7:** Developing and/or applying clinical guidelines or pathways that are supported by the best available evidence.

**National Standard 4: Medication Safety**

**Criterion 4.4.2:** Action is taken to reduce the risk of adverse medication incidents.

**Criterion 4.5.2:** Quality improvement activities are undertaken to reduce the risk of patient harm and increase the quality and effectiveness of medicines use.

**Criterion 4.8:** The clinical workforce reviewing the patient’s current medication orders against their medication history and prescriber’s medication plan, and reconciling any discrepancies.

**Criterion 4.11:** Identifying high-risk medicines in the organisation and ensuring they are stored, prescribed, dispensed and administered safely.

**Criterion 4.13:** The clinical workforce informing patients and carers about medication treatment options, benefits and associated risks.

**Criterion 4.15:** Providing current medicines information to patients in a format that meets their needs whenever new medicines are prescribed or dispensed.
4. Detail

4.1. Determining appropriateness to prescribe opioids on discharge

4.1.1. Patients with acute pain

It may be appropriate to prescribe immediate-release (IR) opioids on discharge for some patients where they are required for short-term, ongoing, acute pain management.

4.1.2. Patients with chronic cancer/non-cancer pain

Slow-release (SR) opioids should **NOT** be prescribed on discharge for patients taking long-term opioids prior to hospital admission **UNLESS**:

> there is a genuine need for extra supply which cannot be obtained from the patient’s usual or authorised prescriber; **OR**

> where requirements have changed during their hospital stay (for example, dose change).

If additional IR opioids are required on discharge, these should only be prescribed after discussion with the patient's usual or authorised prescriber.

4.1.3. Patients in opioid substitution programs and/or dependent on non-prescribed controlled drugs

Prescription of an opioid to a patient in an opioid substitution program (also known as MATOD – medication assisted treatment for opioid dependence), or dependent on non-prescribed controlled drugs (for example, taking methadone or sublingual buprenorphine as part of treatment of opioid addiction, or taking other non-prescribed opioids, amphetamines and cocaine) is restricted.

> The medical officer should arrange continuing supply of the patient’s regular opioid via the community pharmacy/centre where the patient usually obtains their supply.

> Where additional IR opioids are required on discharge (for example, postoperative acute pain) the prescriber should contact any of the following services for advice on whether a limited supply may be prescribed:

> the Drug and Alcohol Consultation Liaison Service (DACLIS) if available in the hospital

> the hospital’s Acute Pain Service (APS)

> the telephone-based Drug and Alcohol Clinical Advisory Service (DACAS)*, on 7087 1742.

In **ALL** cases the authorised prescriber should be contacted by the medical officer.

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* Prescriber must have an authority to prescribe or supply a drug of dependence for a patient for regular treatment for more than 2 months. Treatment provided by other prescribers must be taken into account when calculating the 2 month period.

**EXEMPTIONS:**

> Patients aged ≥ 70 years (unless the drug is pethidine or dextromoramide)

> Patient’s life expectancy is 12 months or less

> Treatment of a current inpatient of a hospital / correctional institution where the prescriber has notified the 'authorised prescriber' or where an 'authorised prescriber' does not exist.

* DACAS is a 24 hour specialist telephone service provide by Drug and Alcohol Services SA
4.2. Determining the Quantity of Opioid to be Prescribed

4.2.1. Patients with acute pain

Review patient’s use of ‘prn’ opioid over the 24 hours prior to discharge:

> Patients with acute pain (for example, postoperative or post-trauma pain) whose opioid requirements are high or have not reduced during their admission may not yet be appropriate for discharge.

> Seek review and advice from the Acute Pain Service.

Ensure dose and frequency of the opioid are appropriate at point of discharge:

> Discharge prescription dose should not exceed the actual dose administered to the patient prior to discharge.

> DO NOT base discharge prescription on initial inpatient opioid dose range and frequency. Calculate requirement from patient’s use over the immediate preceding 24 hour period.

> For IR oxycodone (preferred option for ongoing treatment of acute pain)

  > Divide total daily dose by 6 to obtain the maximum 4 hourly dose to be prescribed.
  > Order a dose range so that lower doses can be taken; order 4 hourly prn.
  > If the calculated maximum dose is 20mg or more, seek advice before prescribing.

> Consider quantity appropriate to patient’s requirements at point of discharge.

> Quantities less than the maximum PBS quantity may be most appropriate.

4.2.2. Patients with chronic cancer/non-cancer pain

In situations where there is a genuine need for extra supply that cannot be obtained with a prescription from the authorised prescriber, ensure:

> the usual or authorised prescriber has been contacted by the medical officer regarding details of the supply, and

> the prescription is endorsed with ‘approved by authorised prescriber’ by the medical officer.

4.2.3. Patients in an opioid substitution program and/or dependent on non-prescribed controlled drugs

Where immediate-release opioids appear to be required on discharge (for example, postoperative acute pain) contact DACLS, the Acute Pain Service or equivalent who will advise whether a limited supply may be prescribed

> Prescribe as per specialist advice from DACLS and/or APS and with the agreement of the patient’s usual/authorised prescriber if patient is in an opioid substitution program.

> The medical officer must endorse the prescription with ‘approved by authorised prescriber’.

> The community pharmacy/centre where the patient usually obtains their supply must be advised.
4.3. How to Write a Legal Discharge Prescription for Opioid Medications

The following details must be completed by the medical officer writing the prescription:

- full name, address and date of birth of patient (patient sticky label must be on ALL copies of prescription)
- date and time of expected discharge from the hospital/health service, where possible
- generic drug name, form (eg tablets, capsules, liquid) and strength
- quantity to be dispensed must be written in words and numbers (eg ‘25, twenty-five’)
- dose and frequency
- no repeats should be authorised
- document any authority approval numbers
- complete allergy/ADR section (eg 'nil known') where possible
- prescriber name and signature
- prescriber contact details (eg pager, speed dial)
- prescriber number
- date prescription is written.

4.4. Patient Education

It is important to ensure that patients/carers are educated regarding the safe and optimal use of opioids that have been prescribed:

- It is a legal requirement for the prescriber to advise patients of the risks associated with driving or operating machinery whilst taking an opioid.
- The SA Health leaflet *Information for patients given oxycodone for the short-term treatment of acute pain* should be provided to all adult patients prescribed IR oxycodone for ongoing but short-term treatment of acute pain to supplement verbal education.
- The SA Health leaflet *Information for paediatric patients, and their carers, given opioids for short-term treatment of acute pain* should be provided to all paediatric patients prescribed IR opioids for ongoing but short-term treatment of acute pain to supplement verbal education.

4.5. Communication to Primary Care Provider

It is important to communicate details of opioids prescribed to the patient’s primary care provider (for example, GP, community pharmacist, Residential Aged Care staff), including:

- Discharge letter which must accurately reflect information on opioid dose, frequency and suggested duration of treatment, including plan for dose reduction.
- Patient’s pain management plan.

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* This may not be possible for country hospital GP prescriptions; however ADRs should be documented for all hospital prescriptions.

* Note: In patients on SR opioids for the management of chronic non-malignant pain prior to admission, and those on opioid substitution for opioid dependence, arrangements for discharge should be negotiated by telephone with the community pharmacy and their authorised prescriber to ensure arrangements are optimal.
5. Eligibility Criteria

Inclusion

All SA Health clinical staff involved in the prescription and/or supply of medicines to patients at hospital discharge.

6. Appendices

Attachment One: Fact Sheet – Information for patients given oxycodone for the short term treatment of acute pain.

Attachment Two: Fact Sheet – Information for paediatric patients and their carers, given opioids for short term treatment of acute pain.

7. References

1. SA Patient Safety Report 2012-13


For more information

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Information for patients given oxycodone for short-term treatment of acute pain

This information is intended as a general guide only. It is intended for patients being treated with oxycodone for short-term acute pain which most commonly occurs after surgery or as a result of injuries or some acute medical illnesses. Please ask your doctor, pharmacist or nurse if you have any questions about the information below.

Why have you been given oxycodone?

Oxycodone (Endone®, Oxynorm®) is a strong pain medicine like morphine. It is used to treat pain when other medicines such as paracetamol (for example Panadol®, Panamax®, Dymadon®), paracetamol with codeine (for example Panadeine Forte®), anti-inflammatory medicines (for example Nurofen®, Brufen®, Voltaren®) or anti-inflammatories with codeine (for example Nurofen Plus®) are not effective by themselves.

You have been given oxycodone because you may have acute pain at home that needs strong pain relief. We would not expect strong pain to last long. Pain normally gets a little better each day as you continue to recover. As your body heals you will need less oxycodone.

How and when should you take it?

Make sure you only take oxycodone as prescribed. You should follow the instructions on the label. If you have also been given paracetamol and anti-inflammatories to take home, these should be taken with oxycodone to control your pain.

Oxycodone is not recommended for long term use as it can be habit-forming or addictive.

We advise that:

> as your body heals a little each day, you should take a smaller dose each day
> you do not take oxycodone for longer than a week
> if you continue to have strong pain you should see your doctor.

Before taking oxycodone

Before taking oxycodone tell your doctor or pharmacist if you:

> have had an allergic reaction to oxycodone in the past (or side effects)
> have allergies to any medicines
> have any other medical conditions
> are taking any other medicines – especially those that you take for pain, anxiety, sleep or depression
> are pregnant or breastfeeding.

Precautions

Oxycodone can make you sleepy. For your safety, we recommend that you follow the instructions listed below for as long as you are taking oxycodone:

> do not drive, ride a bike or operate machinery, including power tools
> take care with potentially hazardous situations at home, such as boiling the kettle
> do not make important personal or business decisions, or sign legal papers
> do not drink alcohol or take sleeping tablets
> do not take more tablets than have been prescribed
> if you or your family or friends notice that you become drowsy or sleepy after taking these tablets do not take any more until you are wide awake. Once you are wide awake, if you need to take oxycodone again to help with your pain, you must take a lower dose (such as half the dose).

Stop taking oxycodone and contact the emergency department of your nearest hospital if you are very sleepy or having trouble staying awake.
Side effects

Tell your doctor or pharmacist if you develop side effects from oxycodone or if you feel unwell for any reason. Side effects may include:

- drowsiness (see precautions over page), nausea or vomiting, or a skin rash
- constipation. Keep up your fluid and fibre intake and stay active where possible.

You may need a laxative; discuss with your doctor or pharmacist if constipation becomes a problem.

Safety measures

Always make sure that you:

- tell your doctor, dentist, midwife and pharmacist that you are taking oxycodone when you see them
- ask your doctor or pharmacist if you can take your other medicines as well as oxycodone
- do not give your oxycodone to anyone else
- keep your oxycodone in a safe place and out of reach of others. Keep it where children cannot reach it
- keep your oxycodone in a cool, dry place. If you have any oxycodone left over that you do not need, take it to your pharmacy. They will dispose of it safely.

Additional measures for pregnant or breast-feeding women:

- do not sleep on the same surface as your baby while taking oxycodone
- if you or your baby are very sleepy or having trouble staying awake, stop taking oxycodone and contact the emergency department of your nearest hospital

This information does not take the place of talking to your doctor or pharmacist

This is a general summary guide only; more detailed consumer medicine information is available from your pharmacist. If you have any other questions about your treatment please ask your doctor and/or pharmacist.

Information courtesy of Royal Adelaide Hospital (RAH).

The information contained within this SA Health publication does not constitute medical advice, and is for general information only. Readers should always seek independent, professional advice where appropriate. SA Health will not accept any liability for any loss or damage arising from reliance upon any information in this publication.

For more information

Contact your healthcare provider.

Website: www.sahealth.sa.gov.au

If you require this information in an alternative format please contact SA Health and they will make every effort to assist you.
Information for paediatric patients, and their carers, given opioids for short-term treatment of acute pain

This information is intended as a general guide only. It is intended for patients being treated with opioids (eg oxycodone, morphine) for short-term acute pain which most commonly occurs after surgery, as a result of injury or due to an acute medical illness. Please ask your doctor, pharmacist or nurse if you have any questions about the information below.

Why has your child been given opioids?

Opioids are used to treat moderate to severe pain when other medicines such as paracetamol (for example Panadol®, Dymadon®) or anti-inflammatory medicines such as ibuprofen (for example Nurofen®) or diclofenac (for example Voltaren®) are not effective enough by themselves.

Opioids are safe to use in children under medical supervision. Your child has been given opioids because they may have pain at home which needs strong pain relief. We would not expect this pain to last more than a few days. Pain normally gets a little better each day as your child recovers and as their body heals they will need less opioid. If, after getting better, the pain returns or gets worse, this may be a sign of a problem. If this occurs you should contact your child’s doctor.

How do I know if my child is in pain?

It is not always easy for parents of young children, or those unable to speak, to work out if their child is in pain. Some young children may respond to the change in routine from a hospital stay by being clingy or reverting back to younger behaviour for a few days. They may need extra attention and comfort.

Signs that your child may need pain medicine include crying, grizzling, not wanting to move or disturbed sleep. If children have had mouth or throat surgery, not wanting to swallow also shows the need for pain medicine.

How and when should your child be given opioids?

Make sure that you only give opioids as prescribed. You should follow the instructions on the label. If you have also been advised to give paracetamol and anti-inflammatories, these should be given as directed with the opioid to manage the pain.

Opioids, if needed, are not recommended for long term use.

We advise that:

- you do not give opioids for longer than a week unless advised to do so
- if your child continues to have moderate to severe pain they should see their doctor.

Before giving opioids

Before giving opioids tell your doctor or pharmacist if your child:

- has had an allergic reaction to, or side effects from, an opioid in the past,
- has allergies to any other medicines
- has any other medical conditions
- is taking any other medicines, especially those for pain, anxiety, sleep or depression.
Precautions

Opioids can cause drowsiness. For your child’s safety, we recommend that you follow the instructions listed below for as long as they are taking opioids:

- **do not** allow your child to ride a bike, swim, operate machinery, including power tools, or drive (if they are old enough to)
- **do not** give your child other medications which cause drowsiness without checking with your child’s doctor or pharmacist first
- **do not** give more medicine than has been prescribed
- if your child becomes drowsy or sleepy after taking opioids, **do not** give any more until they are wide awake.

Stop giving opioids and contact the emergency department of your nearest hospital if your child is very sleepy or having trouble staying awake when they normally would be.

Safety measures

Always make sure that you:
- tell your child’s doctor, dentist and pharmacist that they are taking opioids when you see them
- ask your child’s doctor or pharmacist if they can take their other medicines as well as opioids
- **do not** give your child’s opioids to anyone else
- **keep your child’s opioids in a safe place** and out of reach of others, especially children
- keep opioids in a cool, dry place
- take any leftover opioids that are no longer needed, to your local pharmacy for safe disposal.

Side effects

Tell your child’s doctor or pharmacist if they develop side effects from opioids or if they feel unwell for any reason. Side effects may include:

- drowsiness (see precautions above)
- nausea or vomiting
- constipation - keep up your child’s fluid and fibre intake and keep them active where possible. They may need a laxative. Discuss this with your child’s doctor or pharmacist if constipation becomes a problem.
- skin rash.

For more information

Contact your healthcare provider.

**In case of overdose or poisoning, contact the Poison Information Centre on telephone 131 126.**

Website: www.sahealth.sa.gov.au

If you require this information in an alternative format please contact SA Health and they will make every effort to assist you.