



New York State  
Partnership  
for Patients



# Nursing Centered Initiatives

## Adverse Drug Events

### NYSPFP ADVERSE DRUG EVENT REDUCTION INITIATIVE TEAM ACTION PLANNING WORKSHEET FOR OPIOIDS

The following practice recommendations checklist, developed by NYSPFP in partnership with the Institute for Safe Medication Practices (ISMP), provides opioid-related process improvement strategies for consideration as hospitals work to reduce adverse drug events.

| PRACTICE RECOMMENDATIONS  | CHECKLIST OF HOSPITAL'S IMPLEMENTATION STATUS |           |      | ACTION PLAN/NEXT STEPS  |
|---|---|-----------|------|---|
|   | FULLY   | PARTIALLY | NONE |   |
| Practice Recommendations for Opioids  |   |           |      | List specific activities your team will try to accomplish to fully implement each practice recommendation. Include a detailed plan (what, who, how, and starting when) in your notes. |
| A process is in place to assess/document opioid status on all patients prescribed opioids (To identify patients who are opioid tolerant; assuming for safety that all other patients are opioid naïve). |   |           |      |   |
| A process is in place to assess/document risk factors for opioid use on all patients on admission (e.g., age, sleep apnea, obesity, snoring, concomitant use of sedating medications).                  |   |           |      |   |
| Order sets containing opioids include maximum single/daily dose limits for each opioid.   |   |           |      |   |
| Order sets containing opioids also contain criteria and directions for the use of naloxone as a rescue agent.   |   |           |      |   |
| CPOE and pharmacy information systems alert providers to serious drug interactions/contraindications.   |   |           |      |   |
| Long-acting opioids are prescribed for opioid tolerant patients only.   |   |           |      |   |
| Opioid infusions are prepared/provided by the pharmacy.   |   |           |      |   |

**TEAM ACTION PLANNING WORKSHEET FOR OPIOIDS (continued)**

| PRACTICE RECOMMENDATIONS   | CHECKLIST OF HOSPITAL'S IMPLEMENTATION STATUS |           |      | ACTION PLAN/NEXT STEPS  |
|--|---|-----------|------|---|
| Practice Recommendations for Opioids   | FULLY   | PARTIALLY | NONE | List specific activities your team will try to accomplish to fully implement each practice recommendation. Include a detailed plan (what, who, how, and starting when) in your notes. |
| Pediatric opioid dilutions are prepared/provided by the pharmacy.  |   |           |      |   |
| Concentrated opioid oral solutions are only dispensed in patient-specific doses.   |   |           |      |   |
| Monitoring requirements are established/enforced for all patients receiving opioids.   |   |           |      |   |
| Patient with continuous opioid infusions (PCA and regular infusions) have continuous monitoring of respiratory status using capnography or pulse oximetry.   |   |           |      |   |
| Nurses assess and document the quality of respirations when administering IV opioids.  |   |           |      |   |
| All continuous opioid infusions are managed on a smart infusion device with dose error reduction limits.   |   |           |      |   |
| A single standardized order set is used for PCA management.  |   |           |      |   |
| Order sets are standardized to the use of one or two drugs with a single concentration for patient controlled analgesia (PCA) use.   |   |           |      |   |
| Meperidine is not approved by the organization for use in PCA.   |   |           |      |   |
| Orders for basal dosing during PCA use is restricted to opioid tolerant patients.  |   |           |      |   |
| Independent double checks are employed for all IV opioid infusions including PCAs, at the time of initiation, during dose changes (or other PCA setting changes), and with each new infusion bag or PCA syringe. |   |           |      |   |
| Patients discharged on opioids receive discharge teaching with written discharge information.  |   |           |      |   |