ACCP Clinical Administration PRN (CADM)

Summary of CADM Roundtable on Opioid Stewardship Part 1

Held August 14, 2018, 2 PMEST

Coordinator: Cindy Brasher

Facilitator: Nitish Bangalore

**Introduction/background**

Thank you to the 24 or so participants in our Roundtable discussion. This was the second such Roundtable.

It has been recognized by Education and Research Committee as well as the CADM PRN officers that management of opioids is at or near the top of health-system priorities. There are dozens of potential issues ranging from regulatory/compliance to clinical strategies for abuse prevention and treatment to opioid sparing techniques.1 The Education and Research Committee selected just a few topics to be discussed in a 30 minute format.

**Opioid sparing strategies**

Several health systems have developed multimodal pain protocols that are intended to reduce opioid use and needs around surgical procedures.2,3 Non-opioids such as NSAIDs, local anesthetics, gabapentin, and ketamine, have been used in combination with procedural opioid administration. One health-system studied an opioid-free procedural analgesia strategy for total joint replacements.4 Most of the combinations of opioids and non-opioids have been tailored to procedure type or service preferences.

The use of non-opioid analgesia has been generally well tolerated. However, there have been mixed results with regard to reduction in postoperative opioid consumption. Some systems are planning on reviewing potential differences in nausea and vomiting, constipation, and paralytic ileus.

One health-system has developed non-pharmacologic strategies.5 This includes distraction, music, heat, cold, and positioning.

**Outpatient prescribing**

Many states require that prescribers check the Prescription Drug Monitoring Database (PDMP). Some of those require documentation of that check, by whom, and when. Health-systems report struggling with the documentation of this check and auditing to detect failure to document.

Some health-systems have developed guidelines for quantities of oral opioids for discharge. One example was shared with the PRN.2 It was developed by providers for specific procedure types and service lines. Such guidelines have been helpful in decreasing opioid quantities at discharge. This does require education and engagement of the entire team to address patient concerns about having inadequate quantities for post-discharge use.

**FTEs for opioid management**

One participant is a Pain and Palliative Care Stewardship Pharmacist. This role was created as a result of administration recognition of the need for specialist attention to the various challenges and opportunities facing the organization.

**Additional information**

1. The Joint Commission. *Perspectives: The Official Newsletter of The Joint Commission*. 37(7);July 2017. <https://www.jointcommission.org/assets/1/18/Joint_Commission_Enhances_Pain_Assessment_and_Management_Requirements_for_Accredited_Hospitals1.PDF>. Accessed Aug 14, 2018.
2. Markary M, Hanna M. *Johns Hopkins Post-Surgical Pain Management Guidelines: Multimodal analgesia and Opioid Prescribing recommendation for narcotic naïve patient*. Feb 15th, 2018. [See attached]
3. Center for Opioid Research and Education. Surgical Opioid Guidelines. [https://www.solvethecrisis.org/best-practices](https://imsva91-ctp.trendmicro.com:443/wis/clicktime/v1/query?url=https%3a%2f%2fwww.solvethecrisis.org%2fbest%2dpractices&umid=AB1E4A41-7369-9B05-BAA9-EEBD209B077D&auth=f717728ea12e7e4b3bc261b22673ae2801b01ac9-9275854121bc80a7c4f2e65d961775f4052d6ef4). Accessed Aug 14, 2018.
4. Coles B. *Post-Operative Opioid Utilization Following Intraoperative Opioid-Free Management for Total Hip and Knee Replacement*. Locally presented presentation. [See attached]
5. University of Florida College of Medicine-Jacksonville. Pain Assessment and Management Initiative. <http://pami.emergency.med.jax.ufl.edu/>. Accessed Aug 14, 2018.

**Future topics**

It was decided that another Roundtable on this topic would be hosted. The subtopic will be regulatory aspects of opioid management.