

HIGH-RISK MEDICINES MANAGEMENT

OPIOID POLICY STANDARD CHECKLIST

May 2021

Health Services may wish to use this tool to monitor compliance with the High-Risk Medicines Management Opioid Standard.

Facility name:

Assessed by:

Date:

REQUIREMENTS		STATUS		
<i>Local governance requirements</i>				
1	The Drug and Therapeutics Committee has included opioid medicines on the High-Risk Medicine Register.	Fully	Partially	Not
		Reason partially / not implemented:		
2	The Drug and Therapeutics Committee has endorsed a local protocol to guide the safe use of opioids.	Fully	Partially	Not
		Reason partially / not implemented:		
3	Local protocols include requirement that: <ul style="list-style-type: none"> a. patients and/ or their carers are fully informed of the benefits, risks and harms of opioid medicines b. the oral morphine equivalent daily dose (oMEDD) is calculated for patients with chronic non-cancer pain c. patients are screened for previous opioid adverse effects (including overdose) prior to prescribing d. concomitant antiemetic and laxative medicines are prescribed when required. 	Fully	Partially	Not
		Reason partially / not implemented:		
4	Local protocols include recommendations for: <ul style="list-style-type: none"> a. patients with risk factors such as asthma, obstructive sleep apnoea or those receiving other medications that can potentiate the effects of opioids b. frequency and type of clinical observations for all inpatients receiving opioid medicines c. when naloxone must be prescribed d. the use of codeine products in children and breastfeeding mothers e. for when it is appropriate to prescribe slow-release opioid medicines f. the opioid conversion tool to be used for converting opioid doses g. management and/ or referral of patients where there is concern that they may develop an opioid use disorder. 	Fully	Partially	Not
		Reason partially / not implemented:		

<p>5 Local protocols include:</p> <ul style="list-style-type: none"> a. restrictions on prescribers permitted to initiate and discharge patients on fentanyl transdermal patches and/ or fentanyl oromucosal formulations b. advice that the various oromucosal fentanyl formulations are rapid-acting and not interchangeable. 	Fully	Partially	Not
Reason partially / not implemented:			
<p>6 Local protocols include a process for:</p> <ul style="list-style-type: none"> a. prompt removal of infrequently used opioid medicines from patient care areas b. regularly reviewing opioid medicines used in patient care areas for appropriateness in each patient care area. 	Fully	Partially	Not
Reason partially / not implemented:			
<p>7 Local protocols include the following discharge requirements:</p> <ul style="list-style-type: none"> a. Written discharge instructions are provided to patients and/ or their carers, their general practitioners and other relevant health care professionals. b. Circumstances where it is not appropriate to prescribe opioid medicines on discharge. c. Recommendations for the quantity of opioid medicine that can be supplied on discharge. d. Recommendations for when naloxone is to be supplied on discharge. e. Patients and/ or their carers are provided with advice on how to safely dispose of any unused opioid medicines supplied on discharge. 	Fully	Partially	Not
Reason partially / not implemented:			
<p>8 Local protocols include:</p> <ul style="list-style-type: none"> a. clinical areas where opioid intravenous bolus injections, intravenous infusions, subcutaneous infusions, or patient controlled analgesia (including paediatric nurse controlled analgesia) may be used b. any specific training, qualifications, skills or competencies required to prescribe or administer opioid intravenous bolus injections and infusions (including patient controlled analgesia and paediatric nurse controlled analgesia) c. requirement that a rate limiting device such as an infusion pump must be used for all opioid containing infusions. 	Fully	Partially	Not
Reason partially / not implemented:			

<i>Prescribing</i>				
9	A process is in place to ensure clinical criteria are provided for nursing or midwifery clinicians to guide dose selection dose when dose ranges are prescribed.	Fully	Partially	Not
		Reason partially / not implemented:		
10	For patients taking an opioid medicine(s) prior to admission to a facility, a process is in place for confirming the dose with a reliable source such as the patient's community pharmacist, general practitioner or other medical specialist prior to prescribing.	Fully	Partially	Not
		Reason partially / not implemented:		
11	A process is in place to ensure that, in addition to the generic name, prescribers include the trade name of the product when ordering hydromorphone, oromucosal fentanyl, oral immediate and modified release morphine, and oxycodone products.	Fully	Partially	Not
		Reason partially / not implemented:		
<i>Storage and supply</i>				
12	If more than one strength of an opioid medicine is stored in a clinical area, strategies are in place to reduce selection error.	Fully	Partially	Not
		Reason partially / not implemented:		
13	Naloxone injection is available for reversal in clinical units where opioids are used.	Fully	Partially	Not
		Reason partially / not implemented:		
14	Pethidine is not included on the formulary.	Fully	Partially	Not
		Reason partially / not implemented:		
15	A process is in place to ensure commercially prepared pre-mixed solutions are considered for listing on the formulary.	Fully	Partially	Not
		Reason partially / not implemented:		

<i>Administration</i>				
16	A process is in place for monitoring that a second person check is undertaken for opioid administration using independent double check principles.	Fully	Partially	Not
		Reason partially / not implemented:		
<i>Opioid transdermal patches</i>				
17	A process is in place for recording the position of patch placement on the body on the medication order or in the patient's health care record.	Fully	Partially	Not
		Reason partially / not implemented:		
18	A process is in place for recording the time of the patch removal on the medication order or in the patient's health care record.	Fully	Partially	Not
		Reason partially / not implemented:		
<i>Pharmaceutical review</i>				
19	A process is in place for completing: <ul style="list-style-type: none"> a. a pharmaceutical review for patients receiving opioids prior to administration of the first inpatient dose b. a pharmaceutical for patients discharged on an opioid medicine. 	Fully	Partially	Not
		Reason partially / not implemented:		
<i>Patient Information/education</i>				
20	A process is in place for: <ul style="list-style-type: none"> a. providing patients and / or their carers are provided with relevant education and written information regarding opioids b. ensuring patients and / or their carer are aware of the need to alert the patient's nurse if they have concerns regarding a change in the patient's condition including an unexpected decrease in their level of consciousness or other adverse-effects associated with opioid medicines. 	Fully	Partially	Not
		Reason partially / not implemented:		

<p>21 A process is in place to ensure:</p> <ul style="list-style-type: none"> a. patients who are discharged on an opioid patch are to be provided with verbal and written information on safe handling and disposal of used patches b. patients who are administered and/ or supplied with opioid medicines on or prior to discharge, and carers accompanying them, are provided with advice on sedation and fitness to drive or operate machinery. 	Fully	Partially	Not
	Reason partially / not implemented:		