

Analgesic Stewardship: how long will it take you to get on board?

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Aim

To identify the type, clinical significance and pharmacist impact on opioid adverse events (AE) at a major tertiary hospital.

Methods

A preliminary multidisciplinary Analgesic Stewardship Committee including doctors, nurses and pharmacists was formed. Two subgroups of patients hospitalised between June and December 2017 were identified. These included patients with an International Classifications of Disease (ICD-10) AE to an opioid or related analgesic in therapeutic use (Y45.0) and patients with a documented pharmacist intervention relating to analgesics. The patients were audited with respect to nature of Y45.0 AE and impact of pharmacist interventions.

Results

There were 170 patients audited; 120 coded Y45.0 and 50 with pharmacist interventions. In the Y45.0 subgroup, 66% of events occurred in hospital, 28% were presentations to the emergency department (ED) due to community prescribing and 5% occurred in ED. The most frequent AE was constipation, occurring in 36% of cases. 40% of these patients were not charted aperients (Figure 1). Other AEs included nausea and vomiting (19%), narcotisation (19%) and delirium, confusion or hallucinations (11%) (Figure 2). In the pharmacist intervention subgroup, almost all interventions (96%) related to improving patient safety. 57% of interventions related to opioids (Figure 3). The intervention was actioned by the medical officer 72% of the time.

Conclusion

Results were presented at hospital Grand Rounds, highlighting the need to formalise our multidisciplinary Analgesic Stewardship team to tackle this epidemic. Pharmacists are an integral member of the Analgesic Stewardship team. It's time for all hospitals to invest in Analgesic Stewardship to improve opioid vigilance and prevent patient harm.

Figure 1. Aperient prescriptions in patients with constipation

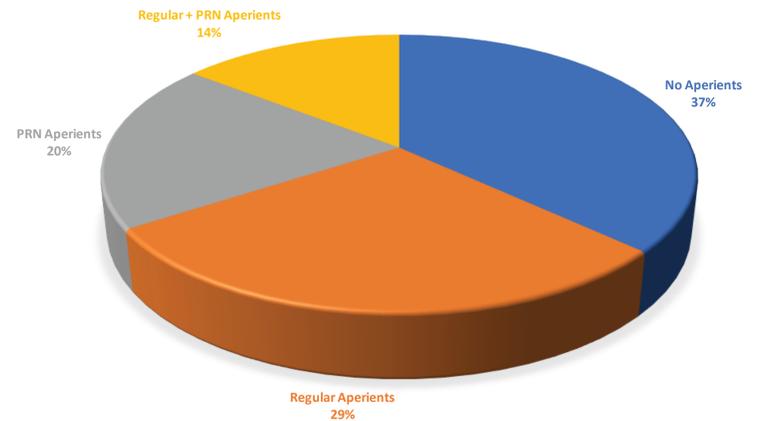


Figure 2. Adverse reactions associated with opioids

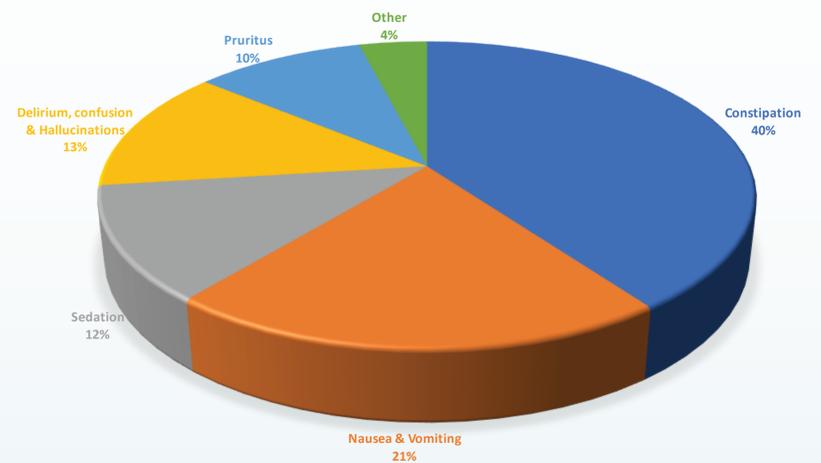


Figure 3. Analgesic medications involved in pharmacist interventions

