Canadian Society of Hospital Pharmacists

Société canadienne des pharmaciens d'hôpitaux

Safe Transitions of Care for Patients Taking Opioids

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Acknowledgement

- Dr. Michael Hamilton, Medical Director, ISMP Canada
- Sarah Jennings, Professional Practice Associate, CSHP
- Donna Herold, Patient Advocate, Patients for Patient Safety Canada

Disclaimer

This briefing focuses on patients with acute and chronic non-cancer pain; however, patients with cancer pain and those at the end of life are also at risk of adverse events related to opioids and transitions of care.

Transformative power of patient narratives in healthcare education

Listening to patients and sharing patient experiences to help us improve our practice.

"What color are your patient's eyes?" – Cathy Lyder

Reference:
https://blogs.bmj.com/bmj/2019/07/08/the-transformative-power-of-patient-narratives-in-healthcare-education/

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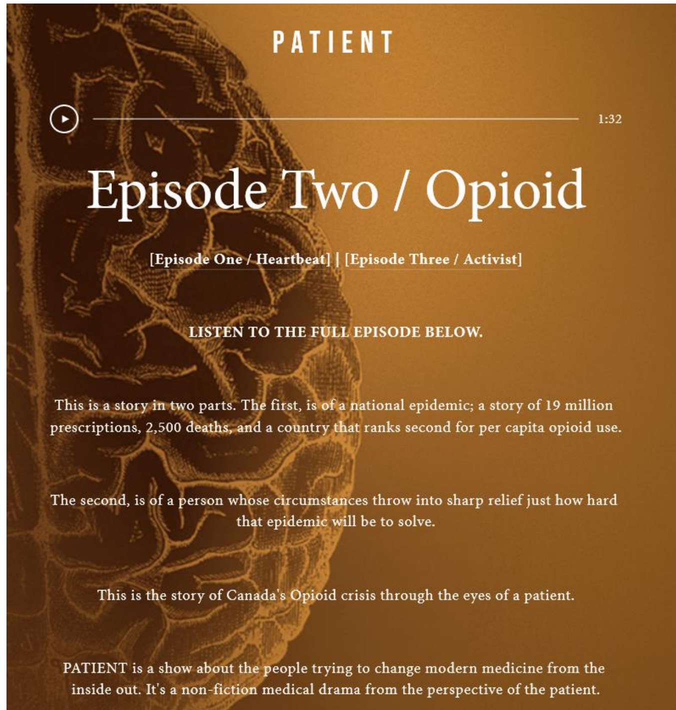
Patient Experience

"I want pharmacists to ask what opioids I have been on and look at my opioid contract. A treatment agreement with my doctor makes us both accountable, and it's to protect both of us, really. There are other people like me who are taking opioids responsibly and we are terrified they will be ripped out from under us."

- Patients for Patient Safety Canada



Donna’s Experience

https://www.patientpodcastcanada.ca/opioid

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Practice Model

- Consider non-opioid and non-pharmacologic alternatives first.
  - Acetaminophen SCH,
  - NSAIDS, gabapentin and pregabalin (Use with caution)
  - Tramadon’t (Juurlink)
  - CHANG (2017): acetaminophen/ibuprofen in short term pain in ER is equally as effective as opioids but with less side effects.
- Start low, go slow
  - Range doses: Add comment: start with lowest dose first
- Duration: 3-7 days for acute pain
  - Opioid exit plan

References:
https://jamanetwork.com/journals/jama/article-abstract/2661581
https://emcrit.org/toxhound/tramadont/

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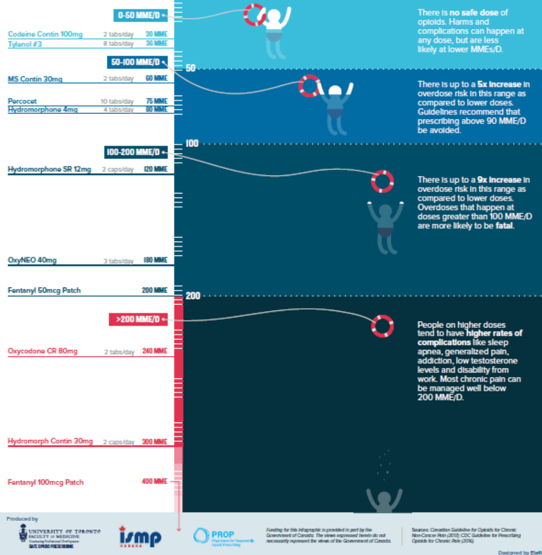

Is high dose prescribing saving or sinking you?

Reference: https://www.ismp-canada.org/download/OpioidStewardship/navigating-opioids-11x17-canada.pdf

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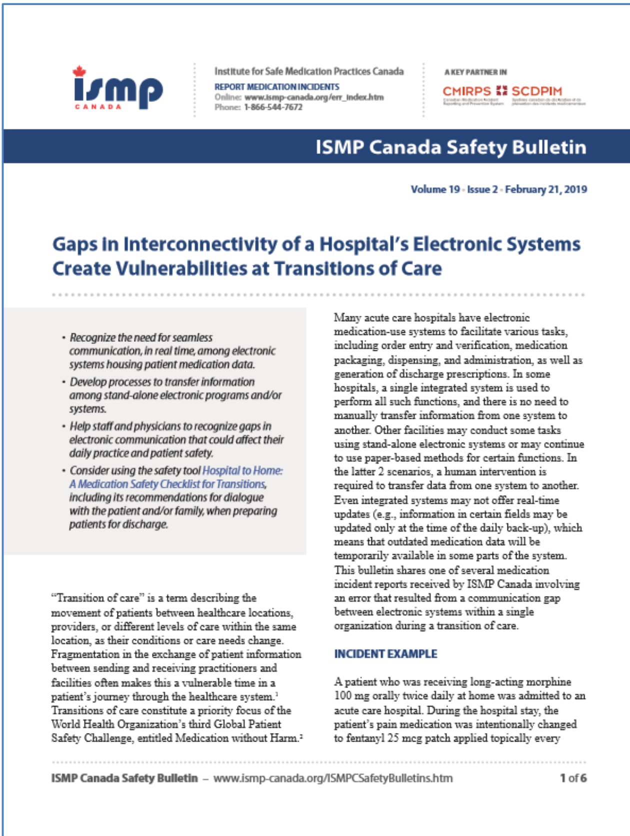
Stewardship

- Set up the expectation early on with patients that opioids will lessen the pain but not reduce the pain to zero.
- Learn about slow opioid taper to treat opioid-induced hyperalgesia

Case Study



Institute for Safe Medication Practices Canada
REPORT MEDICATION INCIDENTS
Online: www.ismp-canada.org/err_index.htm
Phone: 1-866-544-7672

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ISMP Canada Safety Bulletin

Volume 19 · Issue 2 · February 21, 2019

Gaps in Interconnectivity of a Hospital's Electronic Systems Create Vulnerabilities at Transitions of Care

- *Recognize the need for seamless communication, in real time, among electronic systems housing patient medication data.*
- *Develop processes to transfer information among stand-alone electronic programs and/or systems.*
- *Help staff and physicians to recognize gaps in electronic communication that could affect their daily practice and patient safety.*
- *Consider using the safety tool Hospital to Home: A Medication Safety Checklist for Transitions, including its recommendations for dialogue with the patient and/or family, when preparing patients for discharge.*

"Transition of care" is a term describing the movement of patients between healthcare locations, providers, or different levels of care within the same location, as their conditions or care needs change. Fragmentation in the exchange of patient information between sending and receiving practitioners and facilities often makes this a vulnerable time in a patient's journey through the healthcare system.[1] Transitions of care constitute a priority focus of the World Health Organization's third Global Patient Safety Challenge, entitled Medication without Harm.[2]

Many acute care hospitals have electronic medication-use systems to facilitate various tasks, including order entry and verification, medication packaging, dispensing, and administration, as well as generation of discharge prescriptions. In some hospitals, a single integrated system is used to perform all such functions, and there is no need to manually transfer information from one system to another. Other facilities may conduct some tasks using stand-alone electronic systems or may continue to use paper-based methods for certain functions. In the latter 2 scenarios, a human intervention is required to transfer data from one system to another. Even integrated systems may not offer real-time updates (e.g., information in certain fields may be updated only at the time of the daily back-up), which means that outdated medication data will be temporarily available in some parts of the system. This bulletin shares one of several medication incident reports received by ISMP Canada involving an error that resulted from a communication gap between electronic systems within a single organization during a transition of care.

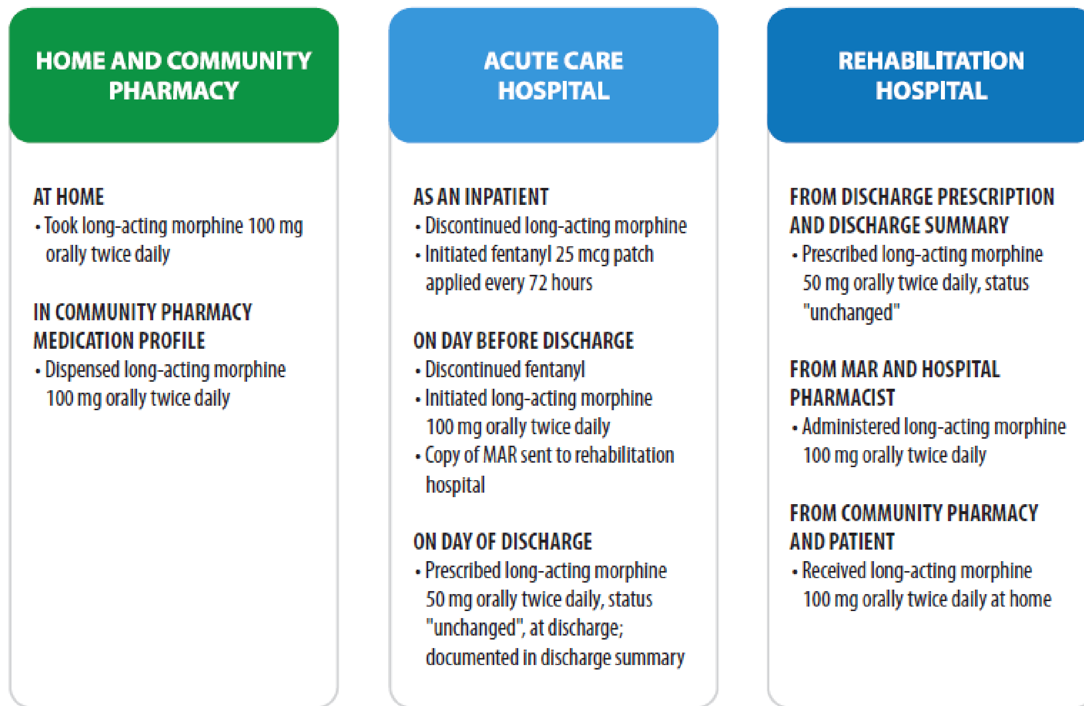
INCIDENT EXAMPLE

A patient who was receiving long-acting morphine 100 mg orally twice daily at home was admitted to an acute care hospital. During the hospital stay, the patient's pain medication was intentionally changed to fentanyl 25 mcg patch applied topically every

ISMP Canada Safety Bulletin – www.ismp-canada.org/ISMPCSafetyBulletins.htm 1 of 6

Reference: ISMP Canada Safety Bulletin, Feb 21,2019
https://www.ismp-canada.org/download/safetyBulletins/2019/ISMPCSB2019-i2-GapsSystemInterconnectivity.pdf

List of the patient's opioid medication regimen at each transition of care.



Reference: ISMP Canada Safety Bulletin, Feb 21,2019
https://www.ismp-canada.org/download/safetyBulletins/2019/ISMPCSB2019-i2-GapsSystemInterconnectivity.pdf

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Transferring organizations

- Outline the rationale for any medication changes on the discharge prescription.
- Engage in dialogue with the patient and/or family about any differences between the medication regimen taken at home before admission, the regimen received while in the hospital, and the regimen to be provided at the receiving facility.

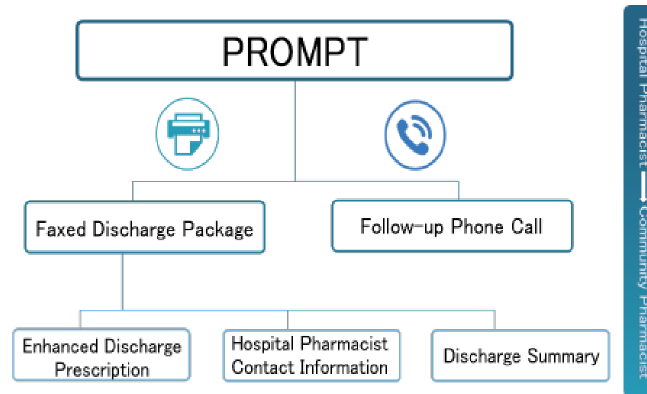
Receiving Organizations

- Conduct admission medication reconciliation in a timely fashion, to identify and clarify ambiguous information. If a discrepancy is identified, communicate directly with the primary prescriber or the pharmacist from the transferring facility, if possible. (e.g. PROMPT program)
- Anticipate that medication or care regimens maybe altered by the sending facility at the time of discharge and develop processes to verify that the discharge prescriptions reflect those changes.
- Ask the patient and/or family if they are expecting any changes to the medication regimen received in the hospital.

PARTNERS

The **Pharmacy Communication Partnership** (PROMPT) Program

Study Leads: Lisa McCarthy, Sara Guilcher



Contact: lisa.mccarthy@utoronto.ca | sara.guilcher@utoronto.ca

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PRO-Tip

Tips for Success

- Check the chart for latest orders before transfer or discharge and that MAR/discharge info reflects all new orders.
- How do you ensure this happens in your hospital?

Lifestyle Advice

- Let patients know how to store opioids safely in a secure place out of reach of children, teens and pets.
- Let patients know how to dispose of unused opioids safely by returning them to pharmacy.
- www.healthsteward.ca for locations

Resources

Canadian Medication Optimization Briefing

Safe Transitions of Care for Patients Taking Opioids

PATIENT EXPERIENCE

"I want pharmacists to ask what opioids I have been on and look at my opioid contract. A treatment agreement with my doctor makes us both accountable, and it's to protect both of us, really. There are other people like me who are taking opioids responsibly and we are terrified they will be ripped out from under us."

—Patient

"She was a 40-year-old mother of 3 who had recently resolved her oxycodone addiction, born of a dental procedure years ago. After she was involved in an accident, she was afraid of receiving opioids and descending back into the alternating feelings of euphoria and despair that made up her life for 5 years, but she was also fearful of not receiving opioids and suffering unbearable pain."

—A patient's story

STEPS YOU CAN TAKE

- Ask me about my understanding of and experience with pain, how I expect opioids will help, and my worries about taking opioids.
- Ask me about other things I have tried for pain.
- Ask me how I am currently taking opioids. Ask when I took my last dose, if I've had any problems with opioids or other substances, and if I have a treatment agreement with my prescriber.

This briefing focuses on patients with acute and chronic non-cancer pain; however, patients with cancer pain and those at the end of life are also at risk of adverse events related to transitions of care. Follow the same general principles to ensure safe transitions for all patients.

PRACTICE MODEL

Consider non-opioid and non-pharmacologic alternatives first.

Use the lowest effective dose of opioid. Higher morphine milligram equivalents (MMEs) per day can increase the harms associated with opioids.

For acute pain (e.g., fracture, surgery), use an opioid for the shortest clinically reasonable time, usually 3–7 days. Before patients leave the hospital, ensure they have an opioid exit plan explaining exactly how and when to reduce or stop the opioid.

STEPS YOU CAN TAKE

- At admission, obtain a best possible medication history (BPMH), perform medication reconciliation, and resolve any unintentional discrepancies with opioid medications. Perform a chart check to confirm the most recent opioid orders.
- Check the equianalgesic equivalencies of all opioid doses administered over the past 3–5 days (including prn doses) to confirm dose reasonableness and the patient's tolerance.
- Double check calculations when changing doses, changing routes, switching from one opioid to another, or starting a new CADD or PCA pump.
- Support discharge medication reconciliation through independent double check of the discharge summary and prescriptions with comparison against the medication administration record (MAR) and BPMH at admission to identify discrepancies, therapeutic duplication, formulary substitutions, and incomplete or inaccurate information.
- Communicate the discharge summary and prescriptions to the patient, family, and healthcare providers in the patient's circle of care.

STEWARDSHIP

Carefully balance effectiveness (reducing pain, improving function) with risks of side effects and harms of overuse and opioid use disorder. Opioids are intended to lessen pain enough to accomplish daily activities, not to reduce pain to zero. Be aware that opioids can increase pain sensitivity in some patients. Patients with chronic pain may benefit from slow reduction of the opioid dose.

Share best practices and resources with the team (e.g., screening and treatment for substance use disorder, naloxone use, opioid tapering, opioid-induced hyperalgesia, non-opioid alternatives and adjuncts, restriction of fentanyl patch use for chronic pain).

STEPS YOU CAN TAKE

- Discuss with patients and family members the limitations of opioids, ways to reduce the risks of opioid use disorder, safe storage and disposal of opioids, signs of overdose, opioid tapering, and dangerous combinations that can increase risk of falls, side effects, or overdose.
- Check for drug-drug interactions, and evaluate comorbidities that may increase the risk of harm, such as COPD or renal failure.
- Ensure patients know whom to contact if problems occur or if they have questions.
- Remind patients not to save unused opioids for future use or self-medication (unless instructed otherwise), and never to share their opioid prescriptions.

PARTNERS

In addition to the patient and family, the core team may include various care providers: pharmacist, physician, nurse, nurse practitioner, acute pain team, anesthesiologist, pain specialist, addiction specialist, psychologist, or social worker. The team works in full partnership to develop an individualized pain management plan. Support from clinical leaders and hospital administrators is imperative.

Create cross-sectoral teams (e.g., primary care pharmacist or physician, community pharmacist, homecare providers, long-term care providers, rehabilitation hospital staff) to improve communication at transitions.

STEPS YOU CAN TAKE

- Survey patients, primary care pharmacists and physicians, community pharmacists, and long-term care pharmacists and homes, to find out how to improve discharge summaries and prescriptions, opioid educational materials, and patient-friendly discharge calendars.
- Host face-to-face meetings with the organizations that transfer patients to and from your organization, to discuss communication gaps and ways to improve opioid management.
- Work with the care team and the facility to limit or reduce default quantities on discharge opioid prescriptions.
- Identify the resources available in your community for non-pharmacologic pain therapy, treatment of substance use disorders, or assistance for patients at risk of harm.
- Confirm patients' understanding of how and when to access help in the community.

CASE STUDY

"Patient transferred from acute to rehab hospital. Discharge summary listed 'morphine SR 50 mg PO BID' indicating to continue medication from home, but MAR listed 'morphine SR 100 mg PO BID'. Patient and community and acute hospital pharmacists confirmed this dose, and rehab hospital ordered it. Two days later, the patient was found unresponsive and readmitted to acute care with respiratory depression due to morphine overdose.

It was later discovered that the patient was receiving fentanyl 25 mcg transdermal patch in the acute care hospital. The day before discharge, a resident incorrectly switched the fentanyl to 'morphine SR 100 mg PO BID', which therefore appeared on the MAR. After the MAR was sent to the rehab hospital, the order was reduced to 'morphine SR 50 mg PO BID' by the attending physician on the day of discharge. This was changed in the discharge summary, but not the MAR."

—Incident reported to ISMP Canada

There was a communication failure leading to unintentional medication discrepancy.

TIPS FOR SUCCESS

- Before any discharge, ensure that prescriptions, discharge summary, and MAR are consistent and reflect current orders in the chart.
- Whenever possible, work with the transferring facility to identify and reconcile medication discrepancies at transitions of care.
- Engage patients and caregivers starting at admission. Use shared decision-making tools to empower patients as partners in care.
- Help patients understand their pain and the goals of opioid therapy.
- Partner with patients to develop a pain plan. Explain any changes to pain medications.
- Discuss with patients the danger signs of opioid use: drowsiness, reduced respiratory rate, increasing use. Confirm the patient's understanding before discharge. Discuss the use of naloxone and how to access naloxone kits.
- Express all oral liquid opioid prescriptions in milligrams (mg), not millilitres (mL). Include the dose per kilogram for pediatric patients. Encourage family members to review labels and ask questions, especially if the volume differs from what was given in hospital.

LEARN MORE

- Pharmacy 365: Opioid Use (resources compiled by Canadian Society of Hospital Pharmacists): www.cshp.ca/opioid-use
- Opioid Stewardship: Healthcare Providers (resources compiled by ISMP Canada): www.opioidstewardship.ca
- Navigating Opioids for Chronic Pain (infographic from ISMP Canada): https://www.ismp-canada.org/download/OpioidStewardship/navigating-opioids-11x17-canada.pdf
- Opioid Prescribing for Acute Pain (quality standards from Health Quality Ontario): https://www.hqontario.ca/Evidence-to-Improve-Care/Quality-Standards/View-all-Quality-Standards/Opioid-Prescribing-for-Acute-Pain. In particular, see quality statement 3 (opioid dose and duration) and quality statement 8 (tapering and discontinuation).
- Equianalgesic Dosing of Opioids for Pain Management (data compiled by Therapeutic Research Center, Stockton, California): https://www.nhms.org/sites/default/files/Pdfs/Opioid-Comparison-Chart-Prescriber-Letter-2012.pdf
- CEP website (tools and resources from the Centre for Effective Practice, University of Toronto): https://cep.health/
- Pain Management & Opioids (newsletter and mini-book from RxFiles, University of Saskatchewan): http://www.rxfiles.ca/rxfiles/uploads/documents/Opioids-Pain-2017-Newsletter.pdf

RESOURCES FOR PATIENTS

Reporting opioid incidents: Safemedicationuse.ca

Tapering opioids: http://www.rxfiles.ca/rxfiles/uploads/documents/Opioid-Patient-Booklet-Taper-RxFiles.pdf

Safely disposing of medications, including opioids: www.healthsteward.ca

Opioid Stewardship: Patients and Families (resources compiled by ISMP Canada): www.Opioidstewardship.ca

Question Opioids (video series produced by ISMP Canada): https://www.youtube.com/playlist?list=PLvQDf5LHFSkM0I6nMFN9s2-yduDODTC2N

Five Questions to Ask about Your Medications (patient resource produced by Canadian Patient Safety Institute): http://www.patientsafetyinstitute.ca/en/toolsResources/5-Questions-to-Ask-about-your-Medications/Pages/default.aspx

Information about opioids (website maintained by Health Canada): https://www.canada.ca/en/health-canada/services/substance-use/problematic-prescription-drug-use/opioids/about.html

Canada's opioid crisis through the eyes of a patient (podcast from Canadian Patient Safety Institute): https://www.patientpodcastcanada.ca/opioid

Live Plan Be (online self-management tool from Pain BC): www.liveplanbe.ca

Patient experiences with opioids (multimedia resource from Ontario Drug Policy Research Network and the Healthy Debate website): https://www.theopioidchapters.com/

LIFESTYLE ADVICE

Encourage patients to take the following actions to avoid opioid-related adverse effects:

- Keep an up-to-date medication list that includes opioid, prescription, and nonprescription medications (e.g., cannabis, herbals, alternative medicines, acetaminophen, ibuprofen).
- Try non-opioid and non-pharmacologic interventions (e.g., physiotherapy, massage, mindfulness, ice) to treat pain.
- Store opioid medications in a secure place, out of reach of children and pets.
- Dispose of unused opioids safely by returning them to a local pharmacy.
- Follow up with the care team if they experience changes in mood, bearing in mind that patients with pain have a higher risk of mental health problems.

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Canadian Medication Optimization Briefing

Safe Transitions of Care for Patients Taking Opioids

www.cshp.pharmacy

Resources for Patients

You may be at risk if you are taking

opioids/narcotics for chronic pain

Are you taking one of the following medications?

- Buprenorphine (Butrans®)
- Codeine (Tylenol NO. 1®, NO. 2®, NO. 3®)
- Fentanyl (Duragesic®)
- Hydrocodone (Hycodan®)
- Hydromorphone (Dilaudid®)
- Meperidine (Demerol®)
- Methadone (Metadol®)
- Morphine (MS-Contin®, M-Eslon®, Kadian®, Statex®)
- Oxycodone (OxyNeo®, Percocet®, Supeudol®)
- Tramadol (Tramacet®, Ralivia®)

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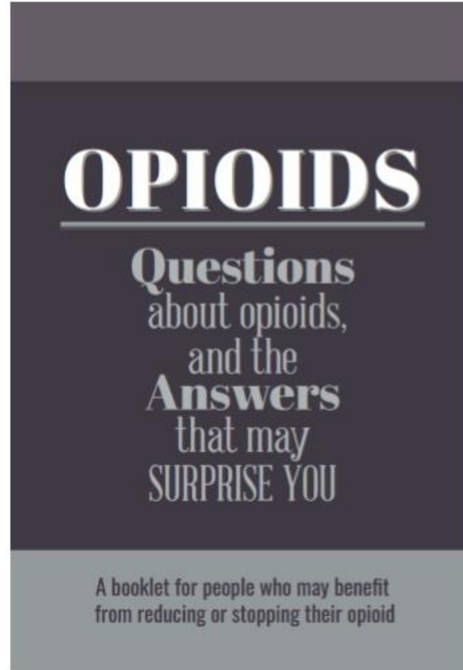
Canadian Deprescribing Network: http://www.criugm.qc.ca/fichier/pdf/OpioidsEN.pdf



RxFiles: https://www.rxfiles.ca/rxfiles/uploads/documents/Opioid-Patient-Booklet-Taper-RxFiles.pdf

What’s Happening?

Opioids for pain after surgery: Your questions answered

1. Changes?
You have been prescribed an opioid.
Opioids reduce pain but will not take away all your pain. Ask your prescriber about other methods of reducing pain including using ice, stretching, physiotherapy, or non-opioid drugs like acetaminophen or ibuprofen. Know your pain control plan and work closely with your prescriber if your pain does not improve.

2. Continue?
Opioids are usually required for less than 1 week after surgery.
As you continue to recover from your surgery, your pain should get better day by day. As you get better, you will need less opioids. Consult your healthcare provider about how and when to reduce your dose.

3. Proper Use?
Use the lowest possible dose for the shortest possible time.
Overdose and addiction can occur with opioids. Avoid alcohol and sleeping pills (e.g. benzodiazepines like lorazepam) while taking opioids. Do not drive while taking opioids.

4. Monitor?
Side effects include: sedation, constipation, nausea and dizziness.
Contact your healthcare provider if you have severe dizziness or inability to stay awake.

5. Follow-Up?
Ask your prescriber when your pain should get better.
If your pain is not improving as expected, talk to your healthcare provider.

To find out more, visit: **OpioidStewardship.ca** and **DeprescribingNetwork.ca**

It is important to:

- Never share your opioid medication with anyone else.
- Store your opioid medication in a secure place; out of reach and out of sight of children, teens and pets.
- Ask about other options available to treat pain.
- Take unused medications back to a pharmacy for safe disposal. Talk with your pharmacist if you have questions. For locations that accept returns: 1-844-535-8889 healthsteward.ca

Did you know?

About 16 Canadians are hospitalized each day with opioid poisoning.
— Canadian Institute for Health Information, 2017

Examples of opioids used for pain after surgery:

hydromorphone | morphine | codeine | oxycodone | tramadol

Notes:

ismp | Canadian Deprescribing Network | cpsi-icsp | Choosing Wisely Canada | CADTH | Canadian Society of Hospital Pharmacists | Canadian Nurses Association | Canadian Medical Association

https://hqontario.ca/Quality-Improvement/Quality-Improvement-in-Action/Ontario-Surgical-Quality-Improvement-Network/Cut-the-Count

Opioid Crisis! A Standardized, Evidenced-Based Approach to Discharge Opioids after Surgery

North York General | ismp Canada

North York General Hospital; Toronto, Ontario, Canada

Background

The use of opioids to manage pain has increased substantially, with some serious unintended consequences:

- Average number of opioid poisonings resulting in hospitalizations each day in Canada: 16
- 53 % Increase in the rate of hospitalizations for opioid poisoning over the past 10 years in Canada
- 15 years → 24 years: Age groups with the fastest growing rate of hospitalizations due to opioid poisoning over the past 10 years in Canada

— Canadian Institute for Health Information, 2017

- Total number of pills prescribed: 2,672
- Total number consumed by patients: 458
- Percentage consumed: 17%
- Percentage of unused opioids: 83%

A total of 2,214 unused pills prescribed in three months!!!!

This data was then used to create a standardized prescription.

1. acetaminophen (Tylenol® extra strength) 500 mg PO Q6h x 3 days
2. ibuprofen (Advil® regular strength) 200 mg PO Q6H x 3 days
3. Choice of Opioids: (MD selects one)
   - morphine 5 mg q4h PO PRN for severe pain, Mitte: 20 tablets; Dispense 10 tabs every 3 days
   - OR
   - HYDROmorphone 1 mg PO q4h PRN or severe pain, Mitte: 20 tablets; Dispense 10 tabs every 3 days

Prescription expires after 1 month

A Patient information sheet was developed and used to counsel patients on opioid use and disposal, in partnership with the Institute for Safe Medication Practices Canada.

Aim

Actions Taken and Results

Characteristic	Prior to Standardized Prescription	After Introduction of Standardized Prescription
Number of Patients Recruited	129 (33 LA and 94 LC)	109 (11 LA and 98 LC)
Percentage of Pills Consumed	17%	20%
Average number of Pills Consumed	3.6 pills	2 pills
Percentage of Patients who Received Education on Opioids	8.5%	44%
Average Pain Scores (out of 10)	3.87	3.85
Average Satisfaction Scores (out of 4)	4.4	4.4

We prescribed 1,182 tablets in 3 months with our standardized prescription (2,672 prescribed previously)
56% FEWER THAN PREVIOUS!!!

Conclusions

References

https://www.ismp-canada.org/download/posters/opioidcrisis.jpg

cshp scph

What’s New?

Opioids for **short-term** pain: **Your questions answered**

1. Changes?

Non-opioids and opioids have been prescribed to treat your pain.

FIRST TRY acetaminophen (Tylenol®) and/or ibuprofen (Motrin® or Advil®) or naproxen (Aleve®, Naprosyn®) taken at regular intervals to manage your pain. Talk to your doctor, nurse or pharmacist to find the right medication for you. If you are still in a lot of pain, then use the opioid that has been prescribed to you. Opioids reduce pain but will not take away all your pain. Ask your doctor, nurse or pharmacist about a pain control plan and other ways to deal with pain including using ice, stretching, physiotherapy.

You have been prescribed an opioid (narcotic): ______________________

2. Continue?

Opioids are usually required for less than 3 days.
As you continue to recover, your pain should be less day by day and you will need less opioids. Have a pain control plan and get in touch with your healthcare provider if your pain does not improve.

3. Proper Use?

Overdose and addiction can occur with opioids.
Use the lowest possible dose for the shortest possible time for all pain medications. Discuss the need to avoid driving while taking opioids with your doctor. It can be dangerous to combine opioids with alcohol or sleeping/anti-anxiety pills. (e.g. lorazepam (Ativan®), clonazepam (Rivotril®)).

4. Monitor?

Side effects include: constipation, drowsiness, nausea and dizziness.
Contact your doctor, nurse or pharmacist if you have severe dizziness or trouble staying awake. Taking opioids with alcohol, sleeping/anti-anxiety pills or cannabis (marijuana) can increase your risk of side effects. Talk to your doctor, nurse or pharmacist if you are taking any of these substances.

5. Follow-Up?

Ask your doctor, nurse or pharmacist when your pain should get better.
If your pain is not improving as expected, or if your pain is not well controlled, talk to your doctor, nurse or pharmacist.

To find out more, visit: **OpioidStewardship.ca** and **DeprescribingNetwork.ca**

It is important to:

Never share your opioid medication with anyone else.

Store your opioid medication in a secure place; out of reach and out of sight of children, teens and pets.

Ask about other options available to treat pain.

Take all unused opioids back to a pharmacy for safe disposal.
Talk with your pharmacist if you have questions. For locations that accept returns: ☎ 1-844-535-8889 🔗 healthsteward.ca

Did you know?

About 17 Canadians are hospitalized each day with opioid poisoning.
— Canadian Institute for Health Information, 2017

Examples of opioids used for short-term pain:

codeine	hydromorphone	morphine	oxycodone	tramadol

Notes:

© 2018 ISMP Canada

https://www.ismp-canada.org/opioid_stewardship/

What’s New?

Managing pain after **wisdom teeth removal:**

Your questions answered

1. Changes?

Pain after wisdom teeth removal is common. Non-opioids and opioids have been prescribed to treat your pain.

FIRST TRY acetaminophen (Tylenol®) and/or ibuprofen (Motrin®, Advil®) or naproxen (Aleve®, Naprosyn®) taken at regular intervals to manage your pain. Talk to your dentist, surgeon or pharmacist to find the right medications for you and to help you with the pain control plan. If you are still in lot of pain, then use the opioid that has been prescribed for you. Opioids reduce pain but will not take away all your pain. Ask about other ways to deal with pain including using ice.

You have been prescribed an opioid (narcotic): ____________

2. Continue?

Opioids are usually required for less than 3 days.
As you continue to recover, your pain should be less day by day and you will need less opioids. Get in touch with your dentist, surgeon or pharmacist if your pain does not improve

3. Proper Use?

Overdose and addiction can occur with opioids.
Use the lowest possible dose for the shortest possible time for all pain medications. Discuss the need to avoid driving and using heavy machinery while taking opioids with your dentist/surgeon. It can be dangerous to combine opioids with alcohol or sleeping/anti-anxiety pills (e.g. lorazepam (Ativan®), clonazepam (Rivotril®))

4. Monitor?

Side effects include: constipation, drowsiness, nausea and dizziness.
Contact your healthcare provider if you have severe dizziness or trouble staying awake. Taking opioids with alcohol, sleeping/anti-anxiety pills or cannabis (marijuana) can increase your risk of side effects. Let your dentist, surgeon or pharmacist know if you are taking any of these substances.

5. Follow-Up?

Ask your prescriber when your pain should get better.
If your pain is not improving as expected, or if your pain is not well controlled, talk to your dentist/surgeon or pharmacist

To find out more, visit: **OpioidStewardship.ca**

It is important to :

Never share your opioid medication with anyone else.

Store your opioid medication in a secure place; out of reach and out of sight of children, teens and pets.

Ask about other options available to treat pain.

Take all unused opioids back to a pharmacy for safe disposal. Talk with your pharmacist if you have questions. For locations that accept returns: ☎ 1-844-535-8889 healthsteward.ca

Did you know?

Younger students, particularly those in grade 7 and 8, are using opioids non-medically in far greater numbers than cannabis.

More than 2/3 students (67%) using opioid painkillers non-medically, reported getting the medication from home.
— The Centre for Addiction and Mental Health (CAMH), 2018

About 17 Canadians are hospitalized each day with opioid poisoning.
— Canadian Institute for Health Information (CIHI), 2018

Notes :

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https://www.ismp-canada.org/opioid_stewardship/

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What’s Next?

- Acetaminophen and Ibuprofen for short term pain: Your Questions Answered
- Methadone/Suboxone: Your Questions answered

Medication Safety Exchange

REPORT · SHARE · LEARN · IMPROVE

Join your colleagues across Canada for complimentary bimonthly 50-minute webinars to share, learn and discuss incident reports, trends and emerging issues in medication safety!

Next Session: September 18th, 2019

Past sessions: https://www.ismp-canada.org/MedSafetyExchange/

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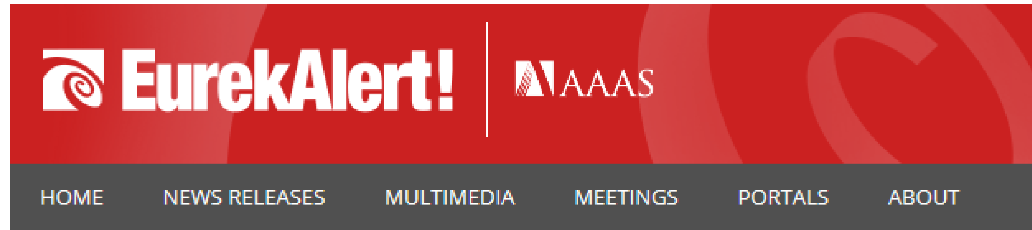
Hospital pharmacists have an important stewardship role to address opioid crisis



NEWS RELEASE 3-JUL-2019

Hospitals address opioid crisis via stewardship with strong pharmacist involvement

ASHP national survey explores pharmacists' role in managing opioids, medication therapy monitoring, and ambulatory clinics

ASHP (AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS)

https://www.eurekalert.org/pub_releases/2019-07/aso-hao070319.php

What Questions Do You Have?
Share your experience!
Let’s keep the conversation going

Twitter:@alicewatt
Email: alice.watt@ismpcanada.ca
FB: MedRec Network

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