NSW GOVERNMENT Health

Facility:

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____ / _____ / _____	M.O.
ADDRESS	
LOCATION	
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE	

CONTINUOUS OPIOID INFUSION (ADULT)

SMR130024

Continuous Opioid Infusion Management Guidelines

(For detailed information regarding continuous opioid infusion prescribing and management refer to local hospital policy)

- **Observations** on this form to be recorded hourly for 6 hours, then second hourly or more frequently if patient's clinical condition warrants.
- **Infusion pump settings** to be checked at the commencement of each shift, on patient transfer and when the syringe or bag is changed.
- **Additional bolus dose** may be given by a registered nurse to manage inadequate analgesia if prescribed on this form. Administration of this bolus dose must be witnessed by a second nurse or medical officer.
- **No other opioids or sedatives** to be administered unless ordered by the Acute Pain Service or equivalent medical officer.

Managing Adverse Effects

- **Pruritus or persistent nausea or vomiting:** Administer PRN medication as prescribed on the patient's National Inpatient Medication Chart. If adverse effect continues contact the Acute Pain Service or equivalent medical officer.
- **Urinary retention:** Contact the patient's surgical / medical team.
- **Constipation:** Prophylactic aperient therapy can be beneficial. Contact the patient's surgical / medical team.

DO NOT PRINT

REFER TO YOUR LOCAL CLINICAL EMERGENCY RESPONSE SYSTEM (CERS) PROTOCOL FOR INSTRUCTIONS ON HOW TO MAKE A CALL TO ESCALATE CARE FOR YOUR PATIENT

APPROPRIATE CLINICAL CARE FOR PATIENTS WITH YELLOW ZONE OR RED ZONE OBSERVATIONS:

1. ENSURE OXYGEN THERAPY IS IN PROGRESS
2. STOP CONTINUOUS OPIOID INFUSION
3. ENSURE THAT THE ACUTE PAIN SERVICE OR EQUIVALENT MEDICAL OFFICER IS CONTACTED

YELLOW ZONE RESPONSE

IF YOUR PATIENT HAS ANY YELLOW ZONE OBSERVATIONS YOU MUST FOLLOW THE YELLOW ZONE RESPONSE INSTRUCTIONS ON THE NSW STANDARD OBSERVATION CHARTS AND INITIATE APPROPRIATE CLINICAL CARE AS STATED ABOVE

RED ZONE RESPONSE

IF YOUR PATIENT HAS ANY RED ZONE OBSERVATIONS YOU MUST CALL FOR A RAPID RESPONSE (as per local CERS), FOLLOW THE RED ZONE RESPONSE INSTRUCTIONS ON THE NSW STANDARD OBSERVATION CHARTS AND INITIATE APPROPRIATE CLINICAL CARE AS STATED ABOVE

ACUTE PAIN SERVICE or equivalent medical officer CONTACT:

BUSINESS HOURS page/phone: **OUT OF HOURS page/phone:**

Holes Punched as per AS2828.1: 2012

BINDING MARGIN - NO WRITING

NH700040 070217

CONTINUOUS OPIOID INFUSION (ADULT) SMR130.024

Attach ADR Sticker

ALLERGIES & ADVERSE DRUG REACTIONS (ADR) ☐ Nil known ☐ Unknown (tick appropriate box or complete details below)		
Drug (or other)	Reaction/Type/Date	Initials

Sign.....Print.....Date.....

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____ / _____ / _____	M.O. NOT A VALID
ADDRESS	PRESCRIPTION UNLESS
	IDENTIFIERS PRESENT
LOCATION / WARD	
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE	

First Prescriber to Print Patient Name and Check Label Correct:
.....

Pain specialist referral
Referring doctor name: .....
Signature: .....
Date: .....

Continuous Opioid Infusion (Adult)

Prescription is valid for a maximum of 4 days unless ceased earlier.
Refer to local hospital policy for standardised continuous opioid solutions

Route	Primary drug	Amount (mg or microgram)	Diluent	Total volume	Primary drug concentration (mg or microgram per mL)
	Additional drug	Amount (mg or microgram)	Sodium chloride 0.9%	mL	per mL
	Additional drug	Amount (mg or microgram)			

Continuous infusion range (mg or microgram per hour)

FROM: ……..…..…….. per hour = ……..…mL per hour **TO**: ……..…….. per hour = ……..…mL per hour

Start rate (mg or microgram per hour)

……..……... per hour = ……mL per hour

Additional bolus dose (mg or microgram) to manage inadequate analgesia.	**Minimum interval between bolus doses**	**Maximum number of bolus doses per hour**
A registered nurse may give a bolus dose of ……..…….. = ……..…..mL	…….. minutes	……..

Date	Prescriber's signature	Print your name	Contact	Pharmacy

NALOXONE: For sedation score 3 <u>or</u> when sedation score is 2 <u>and</u> respiratory rate less than or equal to 5 breaths per minute. *STOP OPIOID INFUSION. Obtain urgent medical review. Commence resuscitation including administering prescribed naloxone (as below) until respirations greater than 10 breaths per minute and sedation score less than or equal to 2. Provide ventilatory assistance if required. (Recommended dosage up to 100 microgram, x4 every 2-3 minutes).*

Date	Drug (Print 'naloxone')	Route	Dose (microgram)	Number of doses	Frequency (minutes)	Prescriber's signature	Print your name	Contact

OXYGEN THERAPY: Give oxygen at 2 to 4 litres per minute via nasal prongs or 6 litres per minute via face mask at all times unless otherwise ordered.

CEASE OPIOID INFUSION ACCORDING TO INSTRUCTIONS IN THE MEDICAL RECORD
Refer to entry in the medical record written on Date:…..…… Time:.....……

DO NOT PRINT
Holes Punched as per AS2828.1: 2012
BINDING MARGIN - NO WRITING
SMR130024

NO WRITING

NSW GOVERNMENT | Health

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SMR130024

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BINDING MARGIN - NO WRITING

Record of opioid syringe / bag administration and opioid discarded

	Record of opioid administration				Record of opioid discarded				
	Date	Time	Signature 1	Signature 2	Date	Time	Total discarded drug (mL, mg or microgram)	Signature 1	Signature 2
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									

DO NOT PRINT

Record of naloxone administered

	Date	Time	Route	Dose	Signature 1	Signature 2
1						
2						
3						
4						

NSW GOVERNMENT Health

Facility:

CONTINUOUS OPIOID INFUSION (ADULT)

☐ Altered Calling Criteria

ALL OBSERVATIONS MUST BE GRAPHED

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D.O.B. _____ / _____ / _____	M.O.
ADDRESS	
LOCATION	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

DATE															
TIME															

PAIN SCORE

Assess pain both at rest and with relevant movement. **Document "R" for rest and "M" for movement**

Severe pain	10															10
	9															9
	8															8
	7															7
Moderate pain	6															6
	5															5
	4															4
Mild pain	3															3
	2															2
	1															1
No pain	0															0

SEDATION

Difficult to rouse or unresponsive	3															3
Constantly drowsy, unable to stay awake	2															2
Easy to rouse	1															1
Wide awake	0															0

AIRWAY / BREATHING — Respiratory Rate	35															35
	30															30
	25															25
	20															20
	15															15
	10															10
	5															5
Oxygen	O_2 Lpm															O_2 Lpm
	Device / mode															Device / mode

Key: RA = Room air, NP = Nasal prongs, FM = Simple face mask, NRB = Non-rebreather, VM = Venturi mask

Nausea or vomiting ●	Yes														
	No														

OPIOID INFUSION DELIVERY

Infusion rate (per hour) mg microgram or mL (Circle one)															
Total dose (if applicable) (Cumulative) mg microgram or mL (Circle one)															
Bolus dose mg microgram or mL (Circle one)															
Two initials required for administration of rescue bolus dose OR change of infusion rate															
Infusion program checked (initial)															

COMMENTS

INITIAL:															

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