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.

Refer to your local clinical emergency response system (CERS) protocol for instructions on how to make a call to escalate care for your patient.

**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.

**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

ACUTE PAIN SERVICE or equivalent medical officer CONTACT:

Business hours page/phone: [Redacted]

Out of hours page/phone: [Redacted]
**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

<table>
<thead>
<tr>
<th>Drug (or other)</th>
<th>Reaction/Type/Date</th>
<th>Initials</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Drug (or other)</th>
<th>Reaction/Type/Date</th>
<th>Initials</th>
</tr>
</thead>
</table>

### Continuous infusion range (mg or microgram per hour)

<table>
<thead>
<tr>
<th>FROM:</th>
<th>per hour = mL per hour</th>
<th>TO:</th>
<th>per hour = mL per hour</th>
</tr>
</thead>
</table>

### Start rate (mg or microgram per hour)

<table>
<thead>
<tr>
<th>Start rate:</th>
<th>per hour = mL per hour</th>
</tr>
</thead>
</table>

### Additional bolus dose (mg or microgram) to manage inadequate analgesia.

<table>
<thead>
<tr>
<th>Additional bolus dose</th>
<th>Amount (mg or microgram)</th>
<th>Minimum interval between bolus doses</th>
<th>Maximum number of bolus doses per hour</th>
</tr>
</thead>
</table>

A registered nurse may give a bolus dose of .......................... = ..........mL

**OXYGEN:** O₂ flow rate: _____ L per minute via nasal prongs face mask

if needed to maintain SpO₂ range from ____ % to ____ %

**NALOXONE:** For sedation score 3 or when sedation score is 2 and 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).

**OXYGEN:** O₂ flow rate: _____ L per minute via nasal prongs face mask

if needed to maintain SpO₂ range from ____ % to ____ %

**CEASE OPIOID INFUSION ACCORDING TO INSTRUCTIONS IN THE MEDICAL RECORD**

Refer to entry in the medical record written on  Date: ………….. Time: …………..
## Record of opioid syringe / bag administration and opioid discarded

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Signature 1</th>
<th>Signature 2</th>
<th>Date</th>
<th>Time</th>
<th>Total discarded drug (mL, mg or microgram)</th>
<th>Signature 1</th>
<th>Signature 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Record of naloxone administered

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Route</th>
<th>Dose</th>
<th>Signature 1</th>
<th>Signature 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Altered Calling Criteria

ALL OBSERVATIONS MUST BE GRAPHED

### Continuous Opioid Infusion (Adult)

**Facility:**

**CONTINUOUS OPIOID INFUSION (ADULT)**

- **Altered Calling Criteria**
- **ALL OBSERVATIONS MUST BE GRAPHED**

**COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE**

### Date

<table>
<thead>
<tr>
<th>TIME</th>
</tr>
</thead>
</table>

### Pain Score

Assess pain both at rest and with relevant movement. Document “R” for rest and “M” for movement.

- **Severe pain**
  - 10
  - 9
  - 8
  - 7
  - 6
  - 5
  - 4
  - 3
  - 2
  - 1
  - 0

- **Moderate pain**
  - 10
  - 9
  - 8
  - 7
  - 6
  - 5
  - 4
  - 3
  - 2
  - 1
  - 0

- **Mild pain**
  - 10
  - 9
  - 8
  - 7
  - 6
  - 5
  - 4
  - 3
  - 2
  - 1
  - 0

- **No pain**
  - 10
  - 9
  - 8
  - 7
  - 6
  - 5
  - 4
  - 3
  - 2
  - 1
  - 0

### Sedation

- Difficult to rouse or unresponsive
- Constantly drowsy, unable to stay awake
- Easy to rouse
- Wide awake

### Airway / Breathing

<table>
<thead>
<tr>
<th>Respiratory Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>35</td>
</tr>
<tr>
<td>30</td>
</tr>
<tr>
<td>25</td>
</tr>
<tr>
<td>20</td>
</tr>
<tr>
<td>15</td>
</tr>
<tr>
<td>10</td>
</tr>
<tr>
<td>5</td>
</tr>
</tbody>
</table>

**Oxygen**

- O₂Lpm
- 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:**

---

**Page 4 of 8**

**NO WRITING**
### Continuous Opioid Infusion (Adult)

**Facility:**

CONTINUOUS OPIOID INFUSION (ADULT)

- **Altered Calling Criteria:**
  - All observations must be graphed.
  - Complete all details or affix patient label here.

**Pain Score**

Assess pain both at rest and with relevant movement. Document “R” for rest and “M” for movement.

<table>
<thead>
<tr>
<th>Pain Level</th>
<th>10</th>
<th>9</th>
<th>8</th>
<th>7</th>
<th>6</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe pain</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate pain</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mild pain</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No pain</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sedation**

- Difficult to rouse or unresponsive
- Constantly drowsy, unable to stay awake
- Easy to rouse
- Wide awake

**Airway / Breathing**

- **Respiratory Rate**
  - 35
  - 30
  - 25
  - 20
  - 15
  - 10
  - 5

- **Oxygen**
  - O2Lpm
  - 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:**
### CONTINUOUS OPIOID INFUSION (ADULT)

**Facility:**

- **Altered Calling Criteria:**
  - ALL OBSERVATIONS MUST BE GRAPHED
  - COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

### DATE

<table>
<thead>
<tr>
<th>TIME</th>
</tr>
</thead>
</table>

### PAIN SCORE

Assess pain both at rest and with relevant movement. Document “R” for rest and “M” for movement.

- **Severe pain:**
  - 10
  - 9
  - 8
  - 7
  - 6

- **Moderate pain:**
  - 5
  - 4
  - 3
  - 2

- **Mild pain:**
  - 1

- **No pain:**
  - 0

### SEDATION

- Difficult to rouse or unresponsive:
  - 3

- Constantly drowsy, unable to stay awake:
  - 2

- Easy to rouse:
  - 1

- Wide awake:
  - 0

### AIRWAY / BREATHING

- **Respiratory Rate:**
  - 35
  - 30
  - 25
  - 20
  - 15
  - 10
  - 5

- **Oxygen:**
  - 0.1Lpm

### 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

### COMMENTS

**INITIAL:**

---

**FAMILY NAME**

**MRN**

**GIVEN NAME**

[ ] MALE  [ ] FEMALE

**D.O.B. _____ / _____ / _____**

**M.O.**

**ADDRESS**

**LOCATION**

**DATE**

**TIME**

**PAIN SCORE**

<table>
<thead>
<tr>
<th>Pain Level</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe</td>
<td>10</td>
</tr>
<tr>
<td>Moderate</td>
<td>5</td>
</tr>
<tr>
<td>Mild</td>
<td>2</td>
</tr>
<tr>
<td>None</td>
<td>0</td>
</tr>
</tbody>
</table>

**SEDATION**

<table>
<thead>
<tr>
<th>Sedation Status</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficult to rouse</td>
<td>3</td>
</tr>
<tr>
<td>Constantly drowsy</td>
<td>2</td>
</tr>
<tr>
<td>Easy to rouse</td>
<td>1</td>
</tr>
<tr>
<td>Wide awake</td>
<td>0</td>
</tr>
</tbody>
</table>

**AIRWAY / BREATHING**

<table>
<thead>
<tr>
<th>Respiratory Rate</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>35</td>
<td>0.1Lpm</td>
</tr>
<tr>
<td>30</td>
<td>0.1Lpm</td>
</tr>
<tr>
<td>25</td>
<td>0.1Lpm</td>
</tr>
<tr>
<td>20</td>
<td>0.1Lpm</td>
</tr>
<tr>
<td>15</td>
<td>0.1Lpm</td>
</tr>
<tr>
<td>10</td>
<td>0.1Lpm</td>
</tr>
<tr>
<td>5</td>
<td>0.1Lpm</td>
</tr>
</tbody>
</table>

**Oxygen**

- 0.1Lpm

**Nausea or vomiting**

- [ ] Yes
- [ ] No

---

**INITIAL:**

---

**SMR130024**

---

**DOB: 01/01/2021**  

**M.O.:**

---

**PAGE 6 OF 8**  

---

**NO WRITING**
**CONTINUOUS OPIOID INFUSION (ADULT)**

- **Facility:** [Insert Facility Name]
- **Address:** [Insert Address]
- **Location:** [Insert Location]
- **Date:** [Insert Date]
- **Time:** [Insert Time]

### PAIN SCORE

Assess pain both at rest and with relevant movement. Document “R” for rest and “M” for movement.

<table>
<thead>
<tr>
<th>Pain Level</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe pain</td>
<td>10</td>
</tr>
<tr>
<td>9</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Mild pain</td>
<td>2</td>
</tr>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>No pain</td>
<td>0</td>
</tr>
</tbody>
</table>

### SEDATION

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

### AIRWAY / BREATHING

<table>
<thead>
<tr>
<th>Respiratory Rate</th>
<th>Device / mode</th>
</tr>
</thead>
<tbody>
<tr>
<td>35</td>
<td>RA</td>
</tr>
<tr>
<td>30</td>
<td>RA</td>
</tr>
<tr>
<td>25</td>
<td>RA</td>
</tr>
<tr>
<td>20</td>
<td>RA</td>
</tr>
<tr>
<td>15</td>
<td>RA</td>
</tr>
<tr>
<td>10</td>
<td>RA</td>
</tr>
<tr>
<td>5</td>
<td>RA</td>
</tr>
</tbody>
</table>

### OXYGEN

<table>
<thead>
<tr>
<th>O₂ Lpm</th>
</tr>
</thead>
<tbody>
<tr>
<td>35</td>
</tr>
<tr>
<td>30</td>
</tr>
<tr>
<td>25</td>
</tr>
<tr>
<td>20</td>
</tr>
<tr>
<td>15</td>
</tr>
<tr>
<td>10</td>
</tr>
<tr>
<td>5</td>
</tr>
</tbody>
</table>

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) in mg microgram or mL (Circle one)
- **Total dose** (if applicable) in (Cumulative) mg microgram or mL (Circle one)
- **Bolus dose** in 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:** [Initial]

**FAMILY NAME**

**MRN**

**GIVEN NAME**

- [ ] MALE
- [ ] FEMALE

**D.O.B. ____ / ____ / ____**

**M.O.**

**ADDRESS**

**LOCATION**

**ALL OBSERVATIONS MUST BE GRAPHED**

**COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE**
### Continuous Opioid Infusion (Adult)

**Facility:**

- **FAMILY NAME**
- **GIVEN NAME**
- **D.O.B.** __/__/____
- **M.O.**
- **ADDRESS**
- **MRN**

**Altered Calling Criteria**

---

**ALL OBSERVATIONS MUST BE GRAPHED**

**COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE**

#### Date

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Time

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Pain Score

Assess pain both at rest and with relevant movement. Document “R” for rest and “M” for movement.

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

#### Sedation

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

#### Airway / Breathing

<table>
<thead>
<tr>
<th>Respiratory Rate</th>
<th>Device / mode</th>
</tr>
</thead>
<tbody>
<tr>
<td>35</td>
<td>RA</td>
</tr>
<tr>
<td>30</td>
<td>NP</td>
</tr>
<tr>
<td>25</td>
<td>FM</td>
</tr>
<tr>
<td>20</td>
<td>NRB</td>
</tr>
<tr>
<td>15</td>
<td>VM</td>
</tr>
<tr>
<td>10</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

**Oxygen**

- **O₂Lpm**
  - 35
  - 30
  - 25
  - 20
  - 15
  - 10
  - 5

**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:**

---

**Page 8 of 8**

NO WRITING