Guideline development

Fact Sheet

Analgesic stewardship (AGS) facilitates appropriate use and review of analgesics to optimise patient outcomes and reduce the potential for analgesic-related harm. This factsheet forms part of the AGS Toolkit developed by Safer Care Victoria and Alfred Health to support the introduction or enhancement of analgesic stewardship programs in health services.

The AGS Toolkit introduces structured approaches to governance and accountability, policy, education, monitoring and improvement activities.

Health services should provide prescribers with appropriate guidelines for analgesic prescribing. Locally approved policies support appropriate transfer of care for discharged patients and balance adequate pain relief with reducing the risk of prolonged opioid analgesic use.

Components of an opioid analgesic discharge guideline

Health services should develop a guideline that has local consensus and approval. As per the ACSQHC's Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard, the guideline should include:

- Opioid analgesic weaning and cessation protocol
- Required documentation to be provided to the patient or carer
- Required clinical handover documentation to be provided to the general practitioner or other primary care clinician
- Process for referral to specialist services, if required
- Process to ensure the workforce is competent in the use of the guideline
- Process to assess adherence to the guideline

Developing an opioid analgesic discharge guideline

When developing an opioid analgesic discharge guideline, it is important to:

- Clearly articulate the purpose of the guideline to avoid misinterpretation of key messages, unintended application of recommendations or create issues during implementation
- Be overseen by a multidisciplinary development group (e.g. Analgesic Stewardship Committee) that is composed of an appropriate mix of expertise and experience, including relevant end users
- Provide specific and unambiguous recommendations with different options for management that are clearly presented, key recommendations easily identifiable and supported with tools for application

Opioid analgesic weaning and cessation protocol

An opioid analgesic weaning and cessation protocol should be available for clinicians to use for patients who are prescribed, supplied or administered an opioid analgesic for acute pain during their hospital.

On hospital discharge, the protocol should outline the elements of a weaning and cessation plan that includes:

- Appropriate formulation to provide or prescribe
- Appropriate dose at discharge based on use in the period up to 24 hours before discharge, using an OMEDD
- Appropriate supply taking into account the day of discharge and when the patient can reasonably be expected to access primary care and other healthcare services post-discharge
- If a hospital inpatient is discharged with an opioid analgesic for acute pain, the quantity may be for up to a maximum of seven days' treatment to reduce and stop the medicine.
- For patients who live in locations with limited access to prescribers and pharmacies, consider their individual circumstances and expected course of their condition, and provide an appropriate quantity of opioid analgesics that provides analgesia and mitigates the risk of opioid-related harm after discharge.

The opioid analgesic weaning and cessation protocol should follow a multimodal analgesia and opioid-sparing strategy to minimise overall opioid analgesic use. It should consider the individual patient's characteristics such as age, weight, hepatic and renal function, allergies, other health conditions, other medicines prescribed and patient's opioid status.

Opioid analgesic weaning considerations should start whilst patients are inpatients and prior to discharge. Health services should consider reviewing current local acute pain management guidelines (if available) to ensure consistent recommendations with an opioid analgesic weaning and cessation protocol.

It should be guided by assessment of the patient's functional activity and pain scores and the amount of opioid analgesic used in each 24 hour period. The protocol should encourage discussion and agreeance with the patient.

Modified-release opioid analgesics

Prescribing of modified-release opioid analgesics should be limited for acute pain to specific circumstances, and for as short a duration as possible, before ceasing opioid analgesics or changing to an immediate release opioid analgesic if required. The protocol should alert clinicians to limit the duration of therapy, particularly for stronger opioid analgesics.

Documentation for patients or carers

An opioid analgesic discharge guideline should ensure patients or carers receive written patient information and a medication management plan.

Written patient information should include

- how many times a day to take, use or apply the medicine, and if the medicine should be taken with food
- whether the medicine may affect other medicines
- what the potential adverse effects are and how to manage them
- when to seek urgent care for adverse effects of the medicine or lack of pain relief
- details of how to reduce the medicine and stop the medicine (weaning and cessation plan)
- how to safely store and dispose of the medicine.
- the cause of the pain for which the opioid analgesic was prescribed
- the opioid analgesic dose prescribed or recommended on discharge (which will differ to the inpatient dose)

- a medication management plan that includes recommendations for reducing and ceasing the opioid analgesic where appropriate

Clinical handover documentation

An opioid analgesic discharge guideline should prompt communication of a clinical handover summary to the patient's general practitioner or other primary care clinician that includes

- the cause of the pain for which the opioid analgesic was prescribed
- medication management plan that includes recommendations for reducing and ceasing the opioid analgesic where appropriate.

Health services should review local practice around discharge summaries and incorporate practical methods to incorporate this information such as providing templates for discharge summaries that prompt inclusion of relevant information.

Process for referral to specialist services

Health services should review the availability of specialist services and consult with relevant stakeholders to determine appropriate referral pathways. E.g. Acute Pain Services or Drug and Alcohol Services.

Assessing competency and adherence with guideline

Health services should consider referring to internal processes on how workforce competency in the use of the policy is ensured such as availability or accessibility of the guideline. Guideline awareness and understanding should be incorporated into AGS educational strategies