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SUBJECT/TITLE FPP-08 Opioid Safety Review	ORIGINAL DATE: REVISION DATES:	28-01-2016 16-06-2026

PURPOSE

To promote safety and minimize risk by ensuring an opioid review is completed **prior to** medication dispensing for Calgary Type A Continuing Care Home (CCH) residents who are taking two or more regularly scheduled opioids.

This guidance is intended to provide additional safety precautions for Type A CCH residents who are concurrently on two or more opioids. Health care professionals are responsible for adhering to legal requirements and their respective standards of practice.

POINTS OF EMPHASIS

1. Opioid safety requires the entire multidisciplinary team. Prescribers, pharmacists and nursing all play a key role in ensuring opioid appropriateness and identification of opioid risk for CCH residents.
2. Opioids bear a heightened safety risk of causing significant resident harm if they are used in error. They may require targeted safeguards by the CCH and the pharmacy to mitigate error potential.
3. Polypharmacy with multiple opioids may increase the risk of overdose and harm.
4. Poor communication at transitions is a significant risk point for medication errors to occur and therefore is an opportunity to identify potential errors.
5. There is limited evidence to support the concurrent use of multiple opioids.

PROCEDURE

For Type A CCH residents taking two or more regularly scheduled opioids, the pharmacist should:

1. Prior to dispensing, verify or confirm that multiple opioid prescriptions are intentional and appropriate, verify previous and current opioid dosing, and screen for potential safety risks of using multiple opioids.
 - a. Practice Points to consider for order verification and safety review.
 - review transfer information to identify if ongoing use of more than one regularly scheduled opioid is intentional and supported
 - identification of the prescriber for each opioid medication
 - Confirmation that the prescribers involved are aware of the other opioid medication orders
 - rationale for the combination of opioids
 - involvement of pain consult service, if applicable
 - evidence of compliant use of concurrent opioids for an appropriate duration of time prior to admission.
 - start-date or initiation information for each opioid
 - dosing concerns
 - clarification of aberrant or unusual use



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- consideration of pain or related symptoms as adverse drug reactions to current medications, including opioids (e.g. hyperalgesia)
 - consultation with previous care provider(s) for clarifications as needed
 - b. Consult with the prescriber for resolution of identified safety risks or concerns.
 - c. Notify site nursing staff by phone and in writing of any risk concerns, refusal to fill, and new or changed orders. Clear communication will dissuade inadvertent administration of stock or other supply of opioid medication.
 - d. Identify individual accountable for follow-up as necessary.
2. Review the appropriateness of ongoing use of two or more opioids
- a. Assess the resident specific characteristics, status, diagnosis, indications, medication response and risks. Determine if there is continued need for the combination of opioids.
 - b. If possible and in collaboration with the resident and prescriber(s), effort should be made to reduce to one regularly scheduled opioid medication.
3. Document activities related to opioid safety and appropriateness in the client record, including the pharmacy record and the shared record of care

REFERENCES

Alberta College of Pharmacists. (n.d.). Guidelines for assessment and monitoring of patients receiving opioid therapy.

Alberta College of Pharmacists. (n.d.). Standards of practice for pharmacists and pharmacy technicians.

Institute for Safe Medication Practices. (n.d.). ISMP list of high-alert medications in acute care settings.

National Opioid Use Guideline Group. (2010). Canadian guideline for safe and effective use of opioids for chronic non-cancer pain.