ADE Opioid Overdose Prevention – Hospital Setting

Baseline Rate: 0.44%
Goal: 0.35%

1. **Leadership:** Identify administration, quality and pharmacy leaders to champion ADE reduction strategies, including opioids. Set aims, goals and timelines for practice changes.

2. **Prevent:** Use pain assessment scales standardized across the institution. As much as possible include patients and families in pain management and expectations.

3. **Prevent:** Starting morphine doses not to exceed 2 mg IV in the opiate naive adult. Starting hydromorphone doses not to exceed 0.4 mg IV in the opiate naive adult.

4. **Prevent:** Develop a PCA Guideline that disallows the routine use of basal dosing. Smart pumps with drug libraries are used for PCA and epidural narcotics.

5. **Prevent:** Non-narcotic medications (NSAIDS, acetaminophen, local anesthetics) are routinely used as a tactic to reduce narcotic administration on the patient care units.

6. **Detect:** Vital signs monitoring defined and adhered to for all clinical situations (PCA, epidural and IV injection). Continuous monitoring for all high-risk patients receiving PCA.

7. **Detect:** Organizational protocols, i.e. de-escalation processes, guidelines, 48-72 hour time-outs. Ensure that hospital alarms are not turned "off" for high-risk patients.

8. **Mitigate:** Ensure that rescue protocols, antidotes and reversal agents are readily available. Develop protocols allowing for the administration of reversal agents.

9. **Performance and evaluation:** Perform root cause analysis based on use of reversal agents for respiratory depression on patients receiving opioids in the hospital.

10. **Moving towards zero:** Identify a pain management specialist available to provide mentoring as well as specific consults. Implement pharmacist-run pain management.