

Partnership for Patients



ALASKA STATE HOSPITAL &
NURSING HOME ASSOCIATION



Washington State
Hospital Association

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.