Queensland Health Clinical **Excellence** Queensland

Queensland Opioid Stewardship Program



Discharge Analgesia Template *for EDS*

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Voiceover by Benita Suckling



Opioids, Pain Management & Handover

- Known high-risk medications
- Transition of care potential for miscommunication
 - <u>Can potentiate long-term use and harm</u>
- In many cases, expectation for GP to review and manage pain after hospital encounter
- <u>You</u> can help by providing timely and complete handover



2. Australian Institute of Health and Welfare, Opioid harm in Australia and comparisons between Australia and Canada, Canberra: Australian Institute of Health and Welfare; 2018. Available from: https://www.aihw.gov.au/reports/illicit-use-of-drugs/opioid-harm-in-australia/contents/summary



In Australia every day, R, opioids contribute to: 150 hospitalisations 14 ED presentations 3 deaths²

When discussing audit results with junior medical staff, they suggested an accessible template would be a helpful tool to improve practice





[*ENSURE INFORMATION IN BRACKETS IS REPLACED or DELETED BEFORE FINALISING* Ensure plan matches pharmacist-generated list (eLMS) or contact ward pharmacist]

This patient was discharged on [INSERT OPIOID DRUG, STRENGTH, DOSE, REG/PRN, DURATION and QUANTITY; Repeat for multiple opioids] for management of pain.

We have also advised them to take [IF APPLICABLE: INSERT NSAID DRUG, STRENGTH, DOSE, REG/PRN, DURATION].

In addition to the medications above, we have advised the patient to take paracetamol regularly until their pain resolves.

We anticipate this analgesia medication plan will be sufficient. However, the patient may require your clinical review for ongoing management of pain. Opioids can normally be discontinued 7 to 10 days after surgery. However complex patients may require titration and cessation over a longer period.

Streamline the process of providing a more complete handover of analgesia and opioid management; presently targeted for post-surgery



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Test Patient – EDS Demonstration

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	student1 Logout	Facility Select Facility 🗸 URN 🔎
222-1; PATIENT, STAR (DO	B: 29-Sep-1977, 39 years, Male); Admitted: 08-Nov-2016	
8-Nov-2016 Finalised unsaved) 🗋 🖪 💁 🖼 😼 📑 🦷	New Feeder Updates 🚺 🚺 🚺 📝 🐺
cess Alexandra Hospital itted: 08-Nov-2016 10:18	Episode Medical Hx Procedures Investigations Medications	AR/Alerts Management Plan
ber of Episodes: 1	Discharge Summary	Patient Defails
harge summary required 🛛 🌔	Version : 1.000 Status : Finalised	URN : 111222 IHI : 043166746521057
-Mar-2015 Not Started	Date Last Modified : 21-Dec-2017 09:50:10	Patient Name : PATIENT, STAR Mailing Address : Address :
5-Mar-2015 Not Started		Date of Birth : 29-Sep-1977 (39 years)
4-Mar-2015 Interim		Sex : Male Phone 1 :
3-Mar-2015 Not Started		Phone 2 :
2-Mar-2015 Not Started	Facility	Summary Author
Page 1 of 1	Princess Alexandra Hospital	Trainer The Townsville Hospital
	Ipswich Rd, Woolloongabba, QLD 4102 Phone : (07) 3176 2111	
	Fax :	
	Episode Details	Discharge Details
	Consultant : DR ED DOCTOR	Reason : Recovered
	Registrar : Facility Unit : ENT	Status : Phone :
	Admission Source :	Address :
	Admission Date : 08-Nov-2016 10:18	Discharge Date : 15-Nov-2016 15:45

- On Management Plan tab, click on green + to add "Recommendation to GP"
- On the add new recommendation popup – click on "Insert standard content" select Opioids from the list (or '#OPIOIDS'*).
- Preview and edit text as required – accept and save.

*(Yes, we fixed the 'opioid' spelling for the final version)

Use & Evaluation

- Where possible, please ensure notes entered in this fashion match other advice -
 - Prescription
 - Pharmacist-generated list (eLMS)
- Feedback on this functionality is welcome!
 - If problems encountered, please escalate with an incident report or as appropriate

• Uptake and how advice matches to other documentation should be monitored within sites, ideally as part of general QI cycle



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