

Attach ADR Sticker

ALLERGIES & ADVERSE DRUG REACTIONS (ADR)

Nil known Unknown (tick appropriate box or complete details below)

Table with 3 columns: Drug (or other), Reaction/Type/Date, Initials

Sign.....Print.....Date.....

NEURAXIAL OPIOID SINGLE DOSE observation chart (ADULT)

This form is for morphine, HYDROMORPHONE or liposomal morphine (extended release) only. Observations for this patient to be recorded: Hourly for 6 hours OR Hourly for 12 hours.

Table with 6 columns: Date, Time, Opioid name, Route, Dose given (mg or microgram), Medical officer administering (Signature and print name)

NALOXONE: for sedation score 3 OR when sedation score is 2 and respiratory rate less than or equal to 6 breaths per minute: Obtain urgent medical review. Commence resuscitation including administering prescribed naloxone (as below) until respirations greater than 10 breaths per minute and sedation score less than or equal to 2.

Table with 7 columns: Date, Drug (Print 'naloxone'), Route, Dose (100 micrograms recommended, print below), Number of doses (x 4 doses print below), Frequency (print 2-3 minutes below), Medical officer prescribing (Signature & print name)

Record of naloxone administered

Table with 5 columns: Date, Time, Dose, Signature 1, Signature 2

Neuraxial Opioid Management Guidelines:

- For detailed information regarding management of patients receiving an intrathecal / epidural opioid, refer to local hospital policy. Delayed sedation and respiratory depression is possible with neuraxial opioids. 1. Observations on this form to be recorded: either hourly for 6 hours OR hourly for 12 hours (as indicated above) then second hourly until 24 hours post administration. 2. No other opioids or sedatives to be administered unless ordered by the Acute Pain Service or equivalent medical officer. 3. Oxygen therapy via mask or nasal prongs at all times unless otherwise ordered. 4. Intravenous access should be maintained for a minimum of 24 hours post epidural/intrathecal opioid dose.

See back page for management of adverse effects

Table with 2 columns: Contact person - business hours, Contact person - out of hours

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE. First Prescriber to Print Patient Name and Check Label Correct: Medical referral to Pain Service Referring doctor Signature: Date:

THESE INSTRUCTIONS EXPLAIN WHEN TO MAKE A CLINICAL REVIEW OR RAPID RESPONSE CALL, YOUR LOCAL ESCALATION PROTOCOL WILL EXPLAIN HOW TO MAKE A CALL

NEURAXIAL OPIOID SINGLE DOSE

Clinical Review Criteria:

Contact the Acute Pain Service or equivalent medical officer when:

- Sedation score is 2: Ensure oxygen therapy in progress. Respiratory rate between 6 and 10 breaths per minute. New, increasing or uncontrolled pain consult with the nurse/midwife in charge then consider a review by the acute pain service or equivalent medical officer.

IF A PATIENT HAS ANY ONE (1) OR MORE CLINICAL REVIEW CRITERIA PRESENT, YOU MUST CONSULT PROMPTLY WITH THE NURSE OR MIDWIFE IN CHARGE AND ASSESS WHETHER A CLINICAL REVIEW IS NEEDED REFER TO YOUR LOCAL ESCALATION PROTOCOL) AND

- You MUST initiate appropriate clinical care. 2. Contact the Acute Pain Service or equivalent medical officer. 3. Repeat and record observations as indicated by the patient's condition, but at least within 30 minutes. 4. If the patient's observations enter the RED Zone while you are waiting for a clinical review, you MUST ACTIVATE YOUR LOCAL RAPID RESPONSE (SEE BELOW). 5. You may call for a Clinical Review at any time if worried about a patient or are unsure whether to call.

IN THE EVENT THAT A REVIEW BY THE ACUTE PAIN SERVICE OR EQUIVALENT MEDICAL OFFICER IS NOT POSSIBLE, CALL FOR A CLINICAL REVIEW

Rapid Response Criteria:

- Sedation score 2 and respiratory rate less than or equal to 5 breaths per minute OR Sedation score 3: Initiate a rapid response. This includes urgent medical review, titrated doses of naloxone and ventilatory assistance if required.

IF A PATIENT HAS ANY ONE (1) OR MORE RAPID RESPONSE CRITERIA PRESENT, CALL FOR A RAPID RESPONSE (REFER TO YOUR LOCAL ESCALATION PROTOCOL) AND

- You MUST initiate appropriate clinical care. 2. Contact the Acute Pain Service or equivalent medical officer. 3. Inform the nurse/midwife in charge. 4. Repeat observations as indicated by the patient's condition.

The patient may require appropriate intervention which may include ongoing naloxone and ventilatory support and observation in a high dependency environment.

Managing Neuraxial Opioid Adverse Effects

- Pruritus is more common when opioids are administered neuraxially. A medical officer may consider prescribing low dose IV naloxone on the patient's National Inpatient Medication Chart. Persistent nausea or vomiting: Administer PRN medication as ordered on the patient's National Inpatient Medication Chart. If adverse effect continues contact the Acute Pain Service or equivalent medical officer. Urinary retention: Contact the patient's surgical / medical team.

NEURAXIAL OPIOID SINGLE DOSE observation chart (ADULT)

SMR130.029

Holes punched as per AS2828-1999 BINDING MARGIN - NO WRITING





Holes punched as per AS2828-1999  
BINDING MARGIN - NO WRITING

21112

<b>NSW HEALTH</b>		FAMILY NAME		MRN
		GIVEN NAMES		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Facility:		D.O.B. ____ / ____ / ____		M.O.
<b>NEURAXIAL OPIOID SINGLE DOSE OBSERVATION CHART (ADULT)</b>		ADDRESS		
		LOCATION		
		COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		
<b>DATE</b>				
<b>TIME</b>				
<b>PAIN SCORE:</b> Assess pain both at rest (record as R) and with relevant movement (record as M) e.g., deep breathing and coughing				
Worst possible pain	10			
Severe pain	9			
	8			
	7			
Moderate pain	6			
	5			
	4			
Mild pain	3			
	2			
	1			
No pain	0			
<b>SEDATION</b>				
Difficult to rouse or unresponsive	3			
Constantly drowsy, unable to stay awake	2			
Easy to rouse	1			
Wide awake	0			
<b>RESPIRATORY RATE</b> Per minute	20			
	15			
	10			
	5			
Oxygen therapy	L per min			
Nausea or vomiting	Yes No			
Pruritus	Yes No			
<b>COMMENTS</b>				
<b>INITIAL:</b>				

<b>NSW HEALTH</b>		FAMILY NAME		MRN
		GIVEN NAMES		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Facility:		D.O.B. ____ / ____ / ____		M.O.
<b>NEURAXIAL OPIOID SINGLE DOSE OBSERVATION CHART (ADULT)</b>		ADDRESS		
		LOCATION		
		COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		
<b>DATE</b>				
<b>TIME</b>				
<b>PAIN SCORE:</b> Assess pain both at rest (record as R) and with relevant movement (record as M) e.g., deep breathing and coughing				
Worst possible pain	10			
Severe pain	9			
	8			
	7			
Moderate pain	6			
	5			
	4			
Mild pain	3			
	2			
	1			
No pain	0			
<b>SEDATION</b>				
Difficult to rouse or unresponsive	3			
Constantly drowsy, unable to stay awake	2			
Easy to rouse	1			
Wide awake	0			
<b>RESPIRATORY RATE</b> Per minute	20			
	15			
	10			
	5			
Oxygen therapy	L per min			
Nausea or vomiting	Yes No			
Pruritus	Yes No			
<b>COMMENTS</b>				
<b>INITIAL:</b>				