Intravenous Opioid Administration Policy

1. Purpose

Patients with pain must receive timely, effective and appropriate analgesia titrated according to response.

Sufficient staffing in the clinical area is required in order to provide a safe environment during the administration of intravenous (IV) opioids and the post-administration observation period. Emergency equipment and suitably qualified staff must be readily accessible and available in the event of a patient's condition deteriorating.

This policy addresses IV opioid administration in the management of acute pain and is to be read in conjunction with the:

- WA Country Health Service (WACHS) Medication Prescribing and Administration Policy and Medication Handling and Accountability Policy
- WA health Guidelines for Managing Specific High Risk Medications Relevant to the Organisation
- Australian Commission on Safety and Quality in Healthcare's (ACSQHC) National Standard for User-applied Labelling of Injectable Medicines, Fluids and Lines (2015)
- WACHS Hand Hygiene Policy
- WACHS Aseptic Technique Policy.

For use of opioids associated with procedural sedation, refer to:

- WACHS Procedural Sedation – Emergency Department Clinical Practice Standard
- MR12 WACHS Emergency Department Procedure Sedation Record
- MR12A WACHS Sedation Assessment Tool.

2. Policy

2.1 Methods of administration

IV opioids for pain management are administered in WACHS using the following methods:

- Intermittent IV bolus administration
- Patient controlled IV analgesia (PCIA)
- Nurse controlled IV analgesia (NCIA) - opioid infusion
- PCIA with background IV opioid infusion.

2.2 Paediatric patients

This policy is to be used in conjunction with the following Perth Children's Hospital (PCH) documents endorsed for use in WACHS:

- Emergency departments:
  - PCH Morphine IV – Nurse Administered Emergency Department Guideline
- Ward areas:
  - PCH Opioid Infusion Management in General Wards Guideline
  - PCH Intravenous Patient Controlled Analgesia (PCA) Guideline
  - PCH Morphine Intermittent Intravenous Bolus Guideline

- Operating theatres/recovery:
  - PCH Intermittent Intravenous (IV) Opioid Analgesia in the Post Anaesthetic Care Unit (PACU)

WACHS specific information is relevant when using the PCH guidelines, specific information includes:

- **Prescription**:
  - PCIA/Opioid infusion - use the MR170.5 WACHS PCIA-IV Opioid Infusion Prescription and Additional Observation Chart
  - intermittent IV opioid administration - written on the PRN section of the MR170D National Inpatient Medication Chart (NIMC) – Paediatric Short Stay (see Figure 1 for sample prescription)
  - one active prescription of an opioid only on the NIMC at a time
  - must include an incremental dose (not a range) up to a maximum dose to be a valid prescription (see sample below)
  - where an order is for a specific location only e.g. recovery room or ED, this is to be written in the 'additional information' section of the PRN order and should be ceased when leaving that location.

Figure 1: Prescription sample for paediatrics

- **Preparation, checking and administration** are in accordance with the WACHS Medication Prescribing and Administration Policy and WACHS Medication Handling and Accountability Policy
- **Observations:**
  - vital signs are documented on the age appropriate paediatric acute response observation tool (PARROT) chart. Other Infusion/PCIA observations recorded on the MR170.5 WACHS PCIA-IV Opioid Infusion Prescription and Additional Observation Chart (and the MR170.6 WACHS PCIA-IV Opioid Infusion Continuation Sheet as applicable)
  - the Functional Activity Scoring (FAS) documented at PCH does not need to be done as not used in WACHS for paediatrics
  - WACHS refers to consciousness level as per the PARROT using AVPU. Comparison table with the University of Michigan Sedation Scale (UMSS) that PCH use is as per Table 1.

AVPU (WACHS)		**UMSS** (PCH)	
Score	Description	Score	Description
A	Alert / normal	**0**	Awake and alert

V	Voice / sleepy	**1**	Minimally sedated: tired, sleepy, appropriate response to verbal conversation and or sound
		2	Moderately sedated: somnolent/sleeping, easily roused with light tactile stimulation or a simple verbal command
P	Pain / irritable / jittery	**3**	Deeply sedated: deep sleep, rousable only with significant physical stimulation
U	Unresponsive / poor tone	**4**	Unrousable

Table 1: Comparison table AVPU and UMSS

- **Escalation** parameters for vital signs are as per the age appropriate observation and response chart in use at the time
- **Equipment** requirements are the same as for adults (refer section 2.3 below)

2.3 Safety and quality

Use of commercially prepared medicines for IV opioid therapy should be maximised ensuring no additions / dilutions are made to commercially prepared solutions. This should:

- minimise the likelihood of medication errors
- reduce confusion between the different types and strengths of opioid solutions
- reduce the need for complex drug calculations
- improve consistency for staff
- assist with minimising contamination by decreasing the potential number of key parts and site (in relation to the maintenance of asepsis).

ATTENTION

IV opioid infusions and PCIA must be delivered via a dedicated pain management delivery device, which is locked both physically and electronically to avoid programming or tampering.

If a medication bag is used, the bag must be contained in a locked box to avoid siphoning.

Additional safeguards include:

- operation in accordance with manufacturer's instructions for device use
- standardised device across site and/or region
- standardised configuration of device across site and/or region
- use of devices purchased from the HCNS 328612 Electro Medical Equipment contract only.

The giving sets for PCIA device must have anti-siphon, anti-reflux valves and be attached to a dedicated IV cannula or dedicated maintenance line.

2.4 IV opioid administration – all methods

The principles for all methods of IV opioid administration are:

- **Management** of the opioid is in accordance with the WACHS Medication Prescribing and Administration Policy.

- **Administration** – refer to Appendix 1: Administration Procedure for IV Opioids – Adults.
- **Labelling** must adhere to the ACSQHC National Standard for User-applied Labelling of Injectable Medicines, Fluids and Lines (2015).
- **Observations** - vital signs are recorded on the age appropriate observational and response chart. Local escalation procedures are aligned with the "actions required" described on the escalation protocol section, in line with the WACHS Recognising and Responding to Acute Deterioration (RRAD) Procedure.
- **Management of side effects**:

Patient signs / symptoms	Management and actions
Apnoeic	• Activate a medical emergency team (MET) or response (MER) as appropriate to site • Cease IV opioid administration, commence basic life support, administer IV naloxone as per medical officer instructions (refer to Australian Injectable Drugs Handbook for product and administration information) • Urgent medical advice should be sought, and arrangements made for ongoing monitoring and care as the patient may require a naloxone infusion • Consider if transfer to higher care is needed
Respiratory depression (significant sedation/decreased consciousness level - as indicated by the escalation parameters on the observation and response chart)	• Cease IV opioid administration (if PCIA in use, remove hand piece from patient's reach) • Give oxygen 5 L/min by Hudson mask • Attempt to wake patient with both verbal and / or physical stimulation • Call the prescribing medical officer / nurse practitioner or escalate as per local process in line with observation and response chart. Review of the patient is required urgently with consideration of IV naloxone. • Depending on the level of consciousness, this may trigger a MET / MER as appropriate to site
Confusion or agitation	• Cease IV opioid administration (remove PCIA hand piece from patient's reach if relevant) • Contact the prescribing medical officer / nurse practitioner
Persistent pain / inadequate analgesia	• Administer adjunctive pain medications. If not charted contact the prescribing medical officer / nurse practitioner • Contact the prescribing medical officer / nurse practitioner
Nausea and vomiting	• Administer anti-emetics as charted • If charted anti-emetics are not effective, contact the prescribing medical officer / nurse practitioner
Additionally: Tachypnoea, hypotension, cyanosis or pallor	Requires a medical review. Escalation as per the observation and response chart

- **Management of intravenous cannula** is in accordance with the WACHS Peripheral IV Cannula (PIVC) Guideline, with IV site assessment recorded on the WACHS MR179 WACHS Peripheral Intravenous Cannula Insertion and Observation Record. For Central venous access devices refer to WACHS Central Venous Access Device (CVAD) and Long Peripheral Venous Catheter (Long PVC) Management Clinical Practice Standard, with site assessment recorded on the MR179A/B/C (as appropriate)

2.5 PCIA and opioid infusions

Additional principles for PCIA and opioid infusions are:

- **Prescription** and management is in accordance with the WA Health Guidelines for Managing Specific High Risk Medications Relevant to the Organisation.
- **Fixed dose** is required for IV Opioid infusions. Dose changes can **only** be made in consultation with a senior medical officer / APS medical officer / anaesthetist on call. A new prescription is needed if dose is changed.
- **Observation regimen** and associated keys are outlined on the back page of the MR170.5 WACHS PCIA-IV Opioid Infusion Prescription and Additional Observation Chart.
- **Additional observations** required are recorded on the MR170.5 WACHS PCIA-IV Opioid Infusion Prescription and Additional Observation Chart and the MR170.6 WACHS PCIA-IV Opioid Infusion Continuation Sheet.
- **Additional opiates / sedatives** may only be prescribed in consultation with the anaesthetist or medical officer experienced with IV opioid analgesia.
- **Oxygen** (if indicated) to be prescribed on the MR170A WA Hospital Medication Chart - Short Stay (HMC) using the WACHS oxygen sticker (or endorsed local oxygen prescription chart).
- **New medication cassette / syringe / bag** is to be commenced after 24 hours as per the WACHS Medication Prescribing and Administration Policy.
- **IV cannula** dislodgement or removal as indicated by the PIVAS score - the IV cannula is to be re-sited immediately to maintain pain management therapy.
- **Post administration** - IV access is to be maintained for 3 hours following last dose of opiate.
- **Discontinuation of IV opioid therapy**:
  - is managed as per the WA Health Guidelines for Managing Specific High Risk Medications Relevant to the Organisation
  - remaining opioid is disposed of as per the WACHS Medication Prescribing and Administration Policy
  - ensure completion of the post-cessation observations and documentation requirements as per the MR170.5 WACHS PCIA-IV Opioid Infusion Prescription and Additional Observation Chart
  - Discharge cannot occur prior to completion of the post-cessation observations.

2.6 Intermittent IV opioid administration

Additional principles for intermittent IV opioid administration are:

- **Prescription** of intermittent IV opioid is to be written on the PRN section of the HMC (see Figure 2 for sample prescription)
  - One active prescription of an intermittent IV opioid only on the HMC at a time.
  - Must include an incremental dose (not a range) up to a maximum dose to be a valid prescription.

- Where an order is for a specific location only e.g., recovery room / PACU or ED, this is to be written in the “Indication” section of the PRN order and should be ceased when leaving that location.

Adult MR170

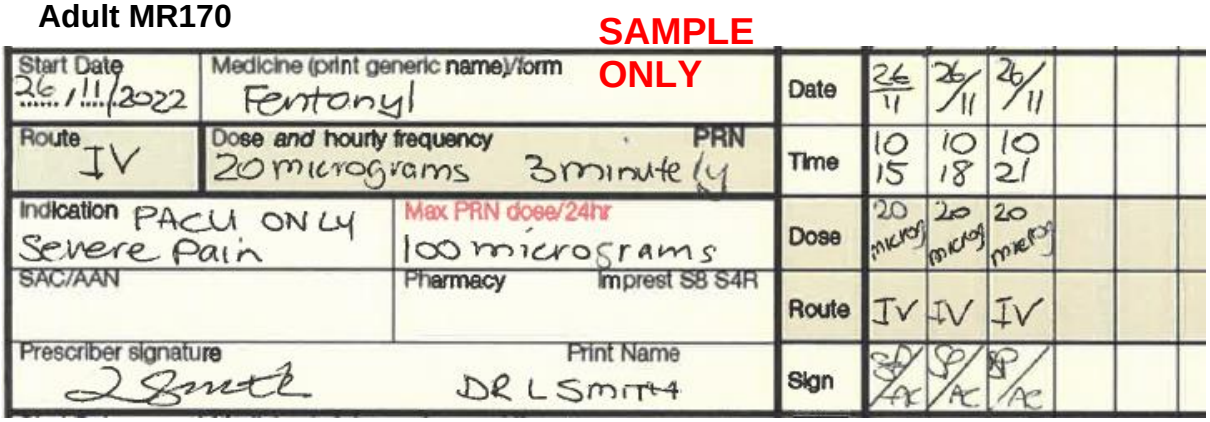

Figure 2: Prescription sample for adults

- **Patient review** must be undertaken by a medical officer / nurse practitioner if there are ongoing analgesic requirements following administration of the maximum prescribed dose.
- M**inimising the risk of overdose** – patients should not commence using a PCIA or IV opioid infusion until a satisfactory level of pain relief has been achieved by intermittent bolus administration. This should be prescribed in consultation with a medical officer experienced in IV opioid analgesia.
- **Unused opioid** – must be discarded, witnessed and entered in the Schedule 8 Register (as per the WACHS Medication Prescribing and Administration Policy).
- **Observations** are to be recorded:
  - pre-administration of each dose
  - pain assessment to occur 3 minutely (fentanyl) and 5 minutely (morphine or hydromorphone)
  - post final dose of IV opioid - at 5mins, at 10mins and at 20mins.
    Note: for paediatrics refer to section 2.2.
- **Observations include**:
  - pain score
  - blood pressure
  - pulse
  - respiratory rate
  - oxygen saturation
  - consciousness level.
- **Response to medication** – the clinician administering the opioid is to **remain with the patient** and monitor response to medication. If the patient’s pain is not relieved and the patient’s respiratory rate is > 10, HR and BP remain within acceptable limits and the consciousness level is either alert or verbal then titrate subsequent doses according to the prescribed order.
- **Continuous monitoring** – where in place, patients must have a record of the observation period associated with the IV opioid administration within their healthcare record.
- **Recovery Rooms** - administration and decision making for management of adults as per Appendix 2: Intermittent IV Opioid Protocol for Adults (for paediatrics refer to section 2.2).

- **Critical care areas**:
  - Critical care areas include emergency departments (ED), emergency department short stay units (ED SSU), intensive care units (ICU) and high dependency units (HDU)
  - The prescription is to include an incremental dose up to a maximum dose to be considered valid
  - Administration and decision making for management of adults as per Appendix 2: Intermittent IV Opioid Protocol for Adults
  - Observations are recorded on the appropriate aged observation and response chart or ICU / chart.

2.7 Transfer and discharge

Transfer and discharge requirement and considerations include:

- Patients **must stay** in the area where the dose was administered for a minimum of 20 minutes after an intermittent dose of IV opioid.
- If the patient needs transfer (e.g., for imaging / transfer off-site) and patient is unstable, and pain is not controlled, a medical officer escort is needed. At sites where a medical officer escort is not able to be accessed, a nurse may escort the patient, but there must be a written escalation plan or pain plan from the medical officer including clear instruction on decision making pertaining to dose and frequency during the transfer / escort period (they must also meet the additional support criteria below).
- If **naloxone** has been administered for excessive sedation, the patient must then remain for 30 minutes of observation post naloxone administration before being transferred.
- **Oxygen** may be required for transfer as determined by the patient's condition. If so, prescription to be charted on the HMC (or endorsed local oxygen prescription chart).
- If observations are within safe parameters, **patients for transfer** to another area (including for investigations such as X-ray or CT scan) must be **escorted by a nurse / midwife** and:
  - where additional support **is** available, the nurse/midwife escort must be current in basic life support, or
  - where additional support is **not** available (e.g., imaging departments or ambulance transfers), the nurse / midwife escort must be current in advanced life support and have airway support equipment available, including oxygen, suction and bag / valve / mask.
- Patients may be considered **suitable for unescorted nursing intra / inter-hospital transfer** or discharge home, after 60 minutes, in the absence of complications following administration of an intermittent IV opioid.
- **Patients must be advised** not to drive, participate in unsupervised dangerous activities or sign legal documents for 6 hours post administration of intermittent IV opioids.
- **Discharge information**:
  - WA Therapeutics Advisory Group (WATAG) website (search under clinical guidelines and advisory notes) provides two resources:
  - Recommendations for prescribing analgesia on discharge following surgery or acute injury (Information for health practitioners preparing the patient for discharge)
  - Pain relief medications following surgery and injury (Information for patients preparing for discharge)
- General discharge and transfer considerations as per WACHS Admission, Discharge and Intra-hospital Transfer Clinical Practice Standard.

3. Roles and Responsibilities

Regional Medical Directors and Regional Directors of Nursing and Midwifery are responsible for:

- ensuring that all medical, nursing and midwifery staff involved with IV opioid administration have access to, and work within this policy.

Medical officers are to:

- safely practice within their scope of practice
- seek advice from senior medical officers/anaesthetic doctors if they are junior medical officers or a medical officer inexperienced in IV opioid analgesia.

Nurse Practitioners are to:

- prescribe and administer in accordance with their scope of practice and practicing area(s) / location(s)
- practice in accordance with the procedural information for all methods of IV opioid administration in Appendix 1.

Nurses and Midwives are to:

- safely practice within their scope of practice
- seek advice from senior clinicians if they are junior clinicians or inexperienced in IV opioid analgesia
- practice in accordance with the procedural information for all methods of IV opioid administration in Appendix 1.

All staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

4. Monitoring and Evaluation

4.1 Monitoring

The Datix Clinical Incident Management System (Datix CIMS) is to be used to monitor and review trends, and investigate incidents as determined by individual regions. To assist with trending, use Tier 1: Medications and identify relevant Tier 2 and 3 categories. Include 'opioid'" in the free text description box.

4.2 Evaluation

This policy will be reviewed as required to determine effectiveness, relevance and currency. At a minimum this will occur every three years, facilitated by the policy review contact.

5. Compliance

This policy outlines practice in accordance with the *Medicines and Poisons Act 2014* (WA) Medicines and Poisons Regulations 2016 (WA).

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the Integrity Policy Framework issued pursuant to Section 26 of the *Health Services Act 2016* and is binding on all WACHS staff which for

this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies and procedures is mandatory.

6. References

Australian Commission on Safety and Quality in Healthcare National Standard for User-applied Labelling of Injectable Medicines, Fluids and Lines (2015). [Accessed 08 November 2023]

Fiona Stanley Hospital (02/2022) Intermittent Intravenous Opioid Administration in the Emergency Department Clinical Policy. [Accessed: 08 November 2023]

Fiona Stanley Hospital (08/2020). Opioid Administration in the Post Anaesthetic Care Unit Clinical Policy. [Accessed: 08 November 2023]

The Free Dictionary "opioid" and "bolus" [Accessed: 08 November 2023]

WACHS Epidural/Spinal Analgesia Management Policy

WA Health Guidelines for Managing Specific High Risk Medications Relevant to the Organisation Feb 2020 [Accessed: 08 November 2023]

The Society of Hospital Pharmacists of Australia Australian Injectable Drugs Handbook 8th Edition; Victoria Australia; October 2023 [Accessed: 08 November 2023]

7. Definitions

Term	Definition
Bolus	an intravenous injection of a single dose of a drug over a short period
Opioid	Originally, a term denoting synthetic narcotics resembling opiates but increasingly used to refer to both opiates and synthetic narcotics.

8. Document Summary

Coverage	WACHS wide
Audience	Medical officers, nurses, midwives, nurse practitioners and pharmacists who are involved in the prescribing and / or administration and / or management of IV opioids.
Records Management	Health Record Management Policy
Related Legislation	*Medicines and Poisons Act 2014* (WA) Medicines and Poisons Regulations 2016 (WA)
Related Mandatory Policies / Frameworks	• High Risk Medication Policy - MP 0130/20 • Clinical Governance, Safety and Quality Policy Framework
Related WACHS Policy Documents	• Admission, Discharge and Intra-hospital Transfer Clinical Practice Standard • Aseptic Technique Policy • Central Venous Access Device (CVAD) and Long Peripheral Venous Catheter (Long PVC) Management Clinical Practice Standard • Recognising and Responding to Acute Deterioration (RRAD) Policy • Recognising and Responding to Acute Deterioration (RRAD) Procedure • Hand Hygiene Policy • High Risk Medication Procedure • Medication Handling and Accountability Policy • Medication Prescribing and Administration Policy • Peripheral IV Cannula Guideline
Other Related Documents	• PCH Intermittent Intravenous (IV) Opioid Analgesia in the Post Anaesthetic Care Unit (PACU) • PCH Intravenous Patient Controlled Analgesia (PCA) Guideline • PCH Morphine Intermittent Intravenous Bolus Guideline • PCH Morphine IV – Nurse Administered Emergency Department Guideline • PCH Opioid Infusion Management in General Wards Guideline • WA Health Guidelines for Managing Specific High Risk Medications Relevant to the Organisation
Related Forms	• MR170.5 WACHS PCIA-IV Opioid Infusion Prescription and Additional Observation Chart • MR170.6 WACHS PCIA-IV Opioid Infusion Continuation Sheet • MR179 WACHS Peripheral Intravenous Cannula Insertion and Observation Record • MR179A WACHS Central Venous Access Device (CVAD) Insertion and Assessment Record

	• MR179B WACHS CVAD Insertion Site Assessment Continuation Sheet • MR179C WACHS CVAD Access/Dressings Continuation Sheet • MR170D National Inpatient Medication Chart (NIMC) – Paediatric Short Stay
Related Training Packages	Enrolled Nurse High Risk Medication Administration High Risk Medications: Introduction
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 2781
National Safety and Quality Health Service (NSQHS) Standards	1.23, 4.03, 4.04, 4.13, 4.15
Aged Care Quality Standards	Nil
National Standards for Mental Health Services	Nil

9. Document Control

Version	Published date	Current from	Summary of changes
3.02	28 November 2023	24 January 2022	Updated to new template; updated to reflect acknowledgement of enrolled nurse scope of practice in regard to Schedule 8 medicines; inclusion of reference to PARROT charts; alignment of the consciousness state table descriptions to the PARROT chart descriptions.

10. Approval

Policy Owner	Executive Director Clinical Excellence
Co-approver	Executive Director Nursing and Midwifery Services
Contact	Program Officer Clinical Practice Standards
Business Unit	WACHS Safety Quality and Performance
EDRMS #	ED-CO-18-886

This document can be made available in alternative formats on request.

Appendix 1: Administration Procedure for IV Opioids – Adults

Note: For paediatric patients – refer to applicable PCH guideline (refer to section 2.2)

1. General Information

All medicines are to be prescribed, prepared, checked, administered and discarded in accordance with the following:

- WACHS Medication Prescribing and Administration Policy
- WACHS Hand Hygiene Policy
- WACHS Aseptic Technique Policy
- WA Health Guidelines for Managing Specific High Risk Medications Relevant to the Organisation
- ACSQHC National Standard for User-applied Labelling of Injectable Medicines, Fluids and Lines (2015).

Compliance with the 5 moments for hand hygiene in all aspects of the procedure is required. 

Emergency equipment and medicines (including naloxone) are to be readily available in the event that the patient's condition deteriorates (refer to Australian Injectable Drugs Handbook for product and administration information).

1.1 Professional responsibilities

Professional responsibilities for nurses and midwives:

- Adhere to the Nursing and Midwifery Board of Australia's Scope of Nursing / Midwifery Practice decision-making framework
- Liaise with medical officer regarding patient condition
- Understand the scope of practice for nurses and midwives within the policies and practice standards related to IV opioid analgesia and use of the MR170.5 WACHS PCIA-IV Opioid Infusion Prescription and Additional Observation Chart and the MR170.6 WACHS PCIA-IV Opioid Infusion Continuation Sheet.

2. Procedure for all methods of IV opioid administration

2.1 Preparation

When preparing the therapy, ensure:

- Hand hygiene is performed. 
- IV cannula assessment is performed and check patency of the IV and document findings – escalate for reinsertion if not viable.
- Assess and record the required observations prior to the administration of the opioid - escalate if indicated.
- Check prescription order with prescriber / nurse / midwife.
- Hand hygiene is performed. 
- Assemble the required equipment – including hand piece for PCIA (where relevant).
- The prescriber / nurse / midwife:
  - prepare the medication cassette / syringe / bag or medicines for administration using aseptic technique
  - label the syringes / medication cassette / bag as per labelling guidelines.
- For PCIA / infusion, the prescriber / nurse or midwife:

- programs the dedicated pain management device as per the prescription orders
- attaches the medication cassette / syringe/ bag and primes the line as per manufacturer guidelines
- is aware of single use **and** single spike only principles for medication cassettes / syringes / bags.

2.2 Commencing therapy

With commencement of therapy:

- The prescriber / nurse or midwife at the bedside with the checker:
  - adhere to the 5 moments for hand hygiene
  - perform patient identification, procedure matching, and correct injection site
  - for PCIA / infusion - connect the line to the patient – maintain aseptic technique
  - commence / administer the therapy as per charted orders (prescriber / nurse / midwife only). For intermittent, remain with the patient and monitor response to medication. If the patient's pain is not relieved and the patient's respiratory rate is > 10, HR and BP remain within acceptable limits and the consciousness level is either alert or verbal then titrate subsequent doses according to the prescribed order.
- Ensure oxygen is in place if indicated and charted on the HMC .
- Provide patient education in regard to reporting pain and nausea. If PCIA - include the use of handpiece. Key points to include:
  - **only** the patient may press the hand piece to deliver the dose
  - relatives must be advised that they are not to press the hand piece on behalf of the patient.
- Ensure the required post-commencement/post-administration observations and monitoring are completed and recorded in the healthcare record.

2.3 Ongoing requirements

Ongoing requirements include:

- Handover check of the 6 rights of medication administration to be completed and documented on the MR170.5 WACHS PCIA-IV Opioid Infusion Prescription and Additional Observation Chart and the MR170.6 WACHS PCIA-IV Opioid Infusion Continuation Sheet at the beginning of each shift change or where responsibility of care is transferred between staff and where the dedicated pain management device or locked box is opened or adjusted.
- Knowledge of side effects and complications that could occur following administration / commencement of therapy.
- Awareness of the actions and escalation in response to potential side effects/ complications.
- Knowledge of actions if pain is not controlled or is unresolved following intervention(s) – escalate appropriately.
- For NCIA – infusion – knowledge of the process for administration of nurse initiated bolus and monitoring / observations requirements post bolus and if the infusion rate has changed. If the dedicated pain management device has an access code – understands **not** to verbalise the access code for the device out loud (decreases risk of potential tampering).
- Understanding that there may be options available to the patient if they are experiencing unwanted side effects from the PCIA / infusion medication(s) e.g., regular anti-emetics / opiate rotation - rule out other causes of the side effects e.g. type of

surgery, sepsis, post-op delirium, renal failure etc. Discuss this with the prescriber / Acute Pain Service (APS).
- For PCIA / infusion – knowledge of the process for replacing cassette / syringe / bag and how often this should occur.
- Consider requirements if transferring patient to another area/going home as per policy.

2.4 Ceasing therapy

Prior to cessation of PCIA / opioid infusion:
- a decision to cease is needed from the prescriber / APS medical officer – ensure this has occurred before ceasing. The cessation order is written on the MR170.5 WACHS PCIA-IV Opioid Infusion Prescription and Additional Observation Chart either by the prescriber or by a medical officer, nurse or midwife who has taken a verbal order from the prescriber
- if the IV cannula is dislodged or requires removal, discuss IV cannula replacement / therapy continuation with the prescriber / APS team
- alternate analgesia to be prescribed (ensure that patient is tolerating oral diet and fluids before prescribing / commencing oral analgesia) - consider at the time of cessation if the patient needs to be administered oral analgesia at that time
- consider the timing of discontinuation in relation to when the most support is available to the patient (e.g., when most nursing / midwifery staff are rostered on duty and prescribing practitioners are available)
- for infusions / PCIA. the volume remaining is disposed of by two nurses / midwives then recorded and signed for on the MR170.5 WACHS PCIA-IV Opioid Infusion Prescription and Additional Observation Chart
- ensure completion of observations and documentation requirements post-cessation (i.e, for three hours)
- ensure that IV access is maintained for three (3) hours post administration of last dose of opiate.

Intermittent IV opioids:
- Once therapy is ceased - disposal of the remaining opioid for intermittent IV opioid administration is as per the WACHS Medication Prescribing and Administration Policy
- For patients being discharged, the patient must be advised not to drive, participate in unsupervised dangerous activities or sign legal documents for 6 hours post last dose of the opiate.

Appendix 2: Intermittent IV Opioid Protocol for Adults

Note: For paediatric patients – refer to applicable PCH guideline (refer to section 2.2)