

Pain Management and Opioid Safety During Care Transitions

IPRO-developed Tool Helps Reduce the Risk of Adverse Events Related to High Risk Medications



The Challenge

Safe and effective pain management is complex, particularly when opioids are involved and when patients transition between care settings and care providers. Patients experiencing care transitions are at particular risk for adverse events due to miscommunication or unavailability of clinical information when these medications are prescribed. This leads to rising opioid-related emergency department visits, hospitalizations, and deaths.

The Approach

IPRO convened a multidisciplinary task force of pain management experts to identify essential information required to safely and effectively manage the pain regimens of patients prescribed opioids as they undergo care transitions, using the Delphi consensus method.

The task force identified 24 communication elements, which were organized into three categories: opioid dosing and management; co-morbidities and education; and safety. All three are integrated into the Pain Management Discharge Communication (PMDC) tool. The elements provide a framework for effective communication tools and may guide the creation of clinical decision support features in electronic health records. The tool is intended to serve as a guide for evaluating and improving clinical practices and workflows essential to effective pain management for patients experiencing transitions in care.

Results/Clinical Outcomes

IPRO is applying the experience gained through this process to address communication elements for other high-risk patient safety concerns leading to adverse events, particularly during care transitions.

See PMDC Elements Table on page 2.



continued



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Pain Management Discharge Communication (PMDC) Elements

- _____ Pain diagnosis
- _____ Pain category(ies) or classification
- _____ Temporal characteristics
- _____ Pain severity, recent
- _____ Pain severity, current
- _____ Drug name, dose, strength, formulation, route, and frequency for entire current daily medication regimen
- _____ Opioid doses administered within the last two 24 hour periods
- _____ Identification of opioid lack of knowledge for patients starting on an opiate.
- _____ Presence, frequency, and degree of use of respiratory depressants (benzodiazepines, cough syrup containing alcohol, etc.)
- _____ History of opioid overdose with date(s).
- _____ Contact information provided for the subsequent pain management prescriber/physician.
- _____ Alcohol and/or substance abuse and/or dependence history
- _____ Behavioral health/mental health history and status
- _____ Respiratory status
- _____ Date of last bowel movement
- _____ Bowel regimen ordered
- _____ Presence of potential barriers to safe medication use (e.g. cognitive impairment, mental health disorders, dementia, visual impairment, etc.)
- _____ Falls assessment and history
- _____ Assessment of patient ability to self-administer current pain regimen
- _____ Patient/caregiver/ family member capacity for identifying signs/symptoms of overdose
- _____ Caregiver/family member capacity for administering a reversal agent for overdose if reversal agent is available
- _____ Instruction to follow safe usage, storage and disposal procedures for the prescribed medication for patients being discharged to home
- _____ Documentation of provision of educational materials to patient/caregiver
- _____ Documentation of assessment of patient/caregiver understanding of education provided

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