



1 INTRODUCTION

In Ireland, numbers of prescribed opioids are increasing yearly, out of proportion to population increase.¹ Acute hospitals are a major source of initial opioid prescriptions into communities.² The Irish Health Service Executive (HSE) has published opioid prescribing guidelines for the management of acute non-cancer pain, post-operative pain and post-procedure pain, specifically addressing the use of slow-release opioids, duration of prescription and avoidance of diversion following discharge.³ At Cork University Hospital (CUH), there is no standardised approach to opioid prescribing in this population. It was decided to conduct a baseline point prevalence survey (PPS) of opioid prescribing by surgical teams to inform local policy development.



2 AIMS & OBJECTIVES

To characterise opioid prescribing for acute non-cancer pain, post-operative pain and post-procedure pain in a tertiary healthcare setting.

- Record the number of opioid prescriptions for patients admitted under a surgical team at CUH in a single day
- Determine the proportion of modified-release (MR) and immediate-release (IR) opioid prescriptions
- Identify which active ingredient is being prescribed by speciality, including dose, indication, route, frequency and duration of treatment
- Quantify the proportion of opioid prescriptions commenced in the acute hospital setting, i.e. current admission

3 METHODS

- The PPS took place on a single day in May 2023. Clinical audit approval was granted by the CUH Quality and Patient Safety Dept.
- All adult patients admitted to CUH under a surgical team were included.
- The inpatient medication prescription record and medical notes for each patient were reviewed by a clinical pharmacist.
- Opioid prescription details were recorded on a data collection form hosted on Microsoft Forms.

4 RESULTS

AUDIT POPULATION

Table 1: Surgical inpatient population

	No. of patients
Inpatient list at 8am (patients admitted under a surgical team)	226
Discharged prior to pharmacist review	25
Additions (in a bed on surgical ward but not on list at 8am)	4
Total number of patients audited	205

Table 2: Opioid prescriptions

	No. of patients (%)	No. of prescriptions
Total number of patients audited	205	
Patients prescribed an opioid	161 (79)	248
Patients prescribed an opioid for surgical/trauma pain*	148 (72)	224

*indications excluded include palliative, drug dependency, high output stoma, infection (osteomyelitis)

Of the patients prescribed an opioid for surgical/trauma pain, the average number of opioid prescriptions per patient was 1.5.

INDICATION FOR OPIOID PRESCRIPTION

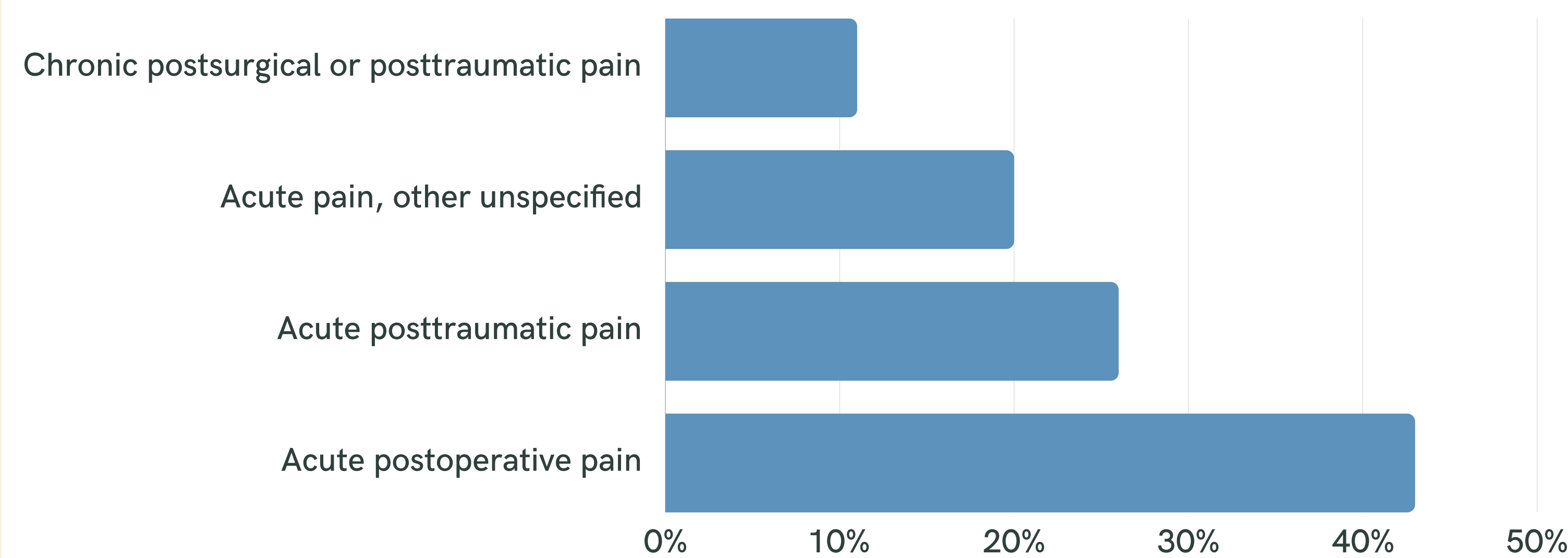


Figure 1: Indication for opioid prescription

NEW OPIOID PRESCRIPTIONS

According to the patient's pharmacist-verified medication reconciliation or drug history recorded by the admitting doctor, just 3% of opioids prescribed were in the patients' medication history, i.e. 218 (97%) of opioid prescriptions were started during the current admission

FORMULATION OF OPIOID PRESCRIPTION

72% of opioids prescribed were immediate-release, 27% were modified release.

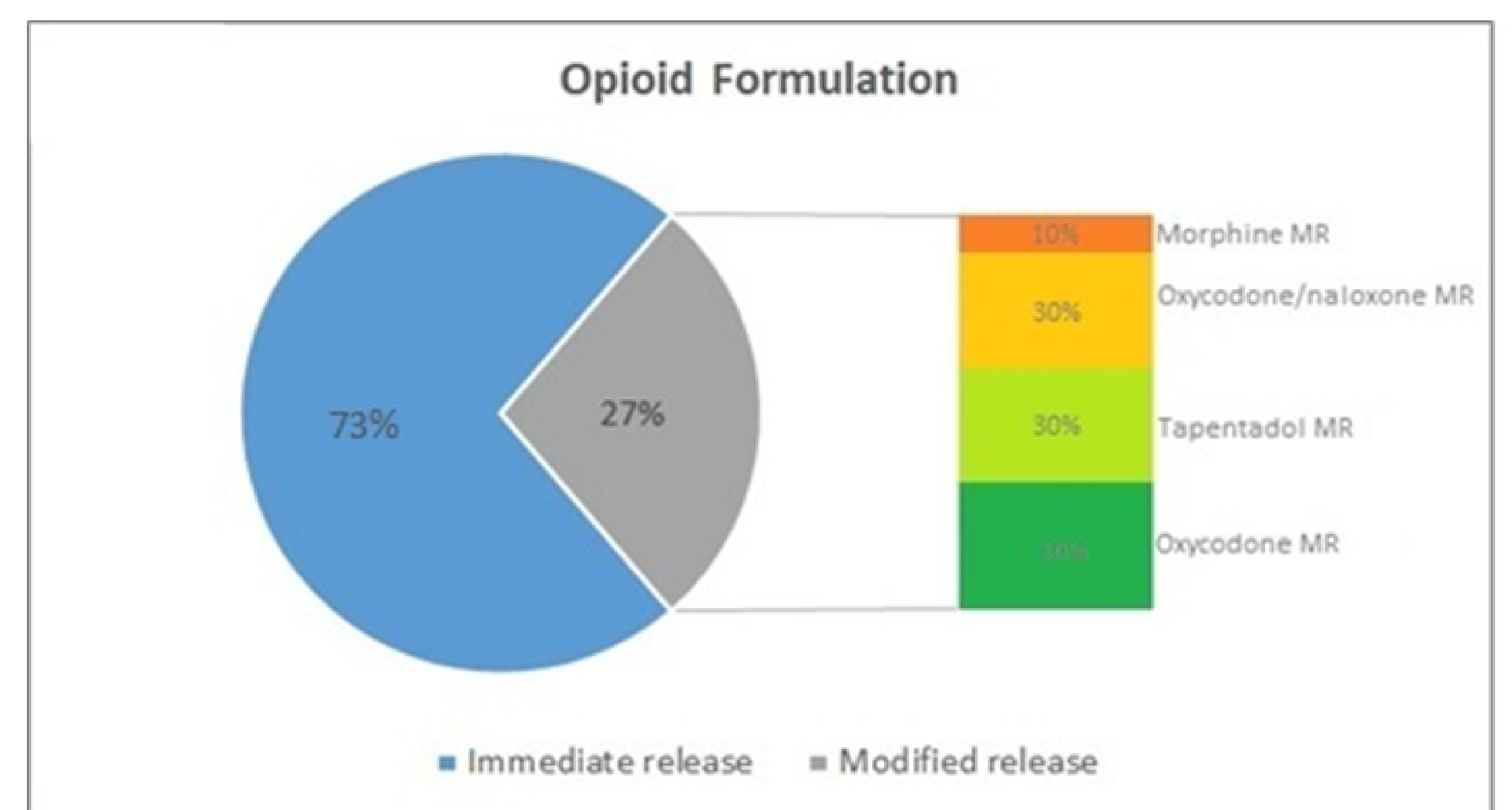


Figure 2: Opioid formulation prescribed

ACTIVE INGREDIENT PRESCRIBED

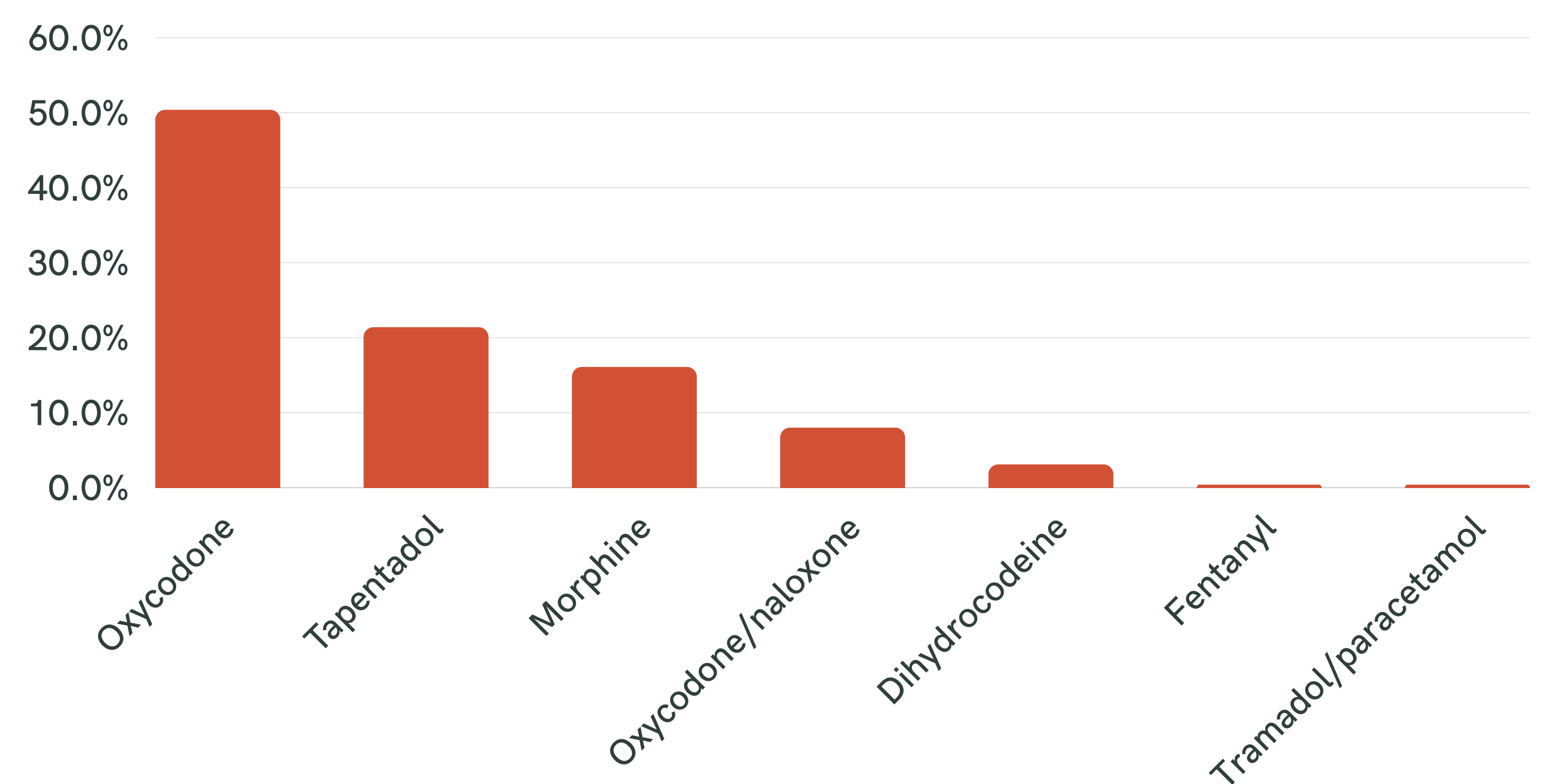


Figure 3: Active ingredient prescribed

DURATION OF OPIOID PRESCRIPTION

Table 3: Duration of opioid prescription

	No. of patients (%) n=224
< 1 week	157 (70)
> 1 week	50 (22)
> 1 month	17 (8)

5 CONCLUSION

This 1-day snapshot audit has presented several areas of improvement at CUH as part of a wider opioid stewardship programme in line with the HSE National Clinical Programme for Anaesthesia.

NEXT STEPS:

- Engage stakeholders to understand barriers to IR opioid use
- Hospital guideline for opioid prescribing in this cohort
- Review/stop date of 4 days for opioid prescriptions
- A patient information leaflet for all patients receiving opioids, especially those being discharged with opioids and advice on safe disposal of unused medicines

REFERENCES

- HSE PCRS Data Sources. Annual reports. <https://www.sspcrs.ie/portal/annual-reporting>
- US National Survey on Drug Use and Health. <https://www.samhsa.gov/data/sites/default/files/cbhsqreports/NSDUHMethodsSummDefs2018/NSDUHMethodsSummDefs2018.htm>
- HSE National Clinical Programme for Anaesthesia. Guidance for Opioid Prescribing for Acute Non-cancer Pain, Post-operative Pain and Post-procedure Pain, 2022

AFFILIATION

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