

Clinical Pearls for Opioid Medications

Robert Hakim, DPH-4
Integrated Skills Lab 654

Learning Objectives

1. Identify important general counseling pearls for any patient taking opioid medication(s)
2. Identify important counseling pearls related to the adverse effects of opioid medications
3. Recommend management strategies for preventing/minimizing adverse effects

General Clinical Pearls for Opioids

- Differentiate the purpose between long-acting and short-acting opioids
 - Especially important for XR and IR formulations of the same drug
 - Long-Acting → Used for maintenance pain control
 - Usually scheduled
 - Short-Acting → Used for breakthrough pain control
 - Usually used PRN

General Clinical Pearls for Opioids

- Concern for addiction or overdose
 - Using opioids for a legitimate reason is not a sign of addiction
 - Do not take other opioids not prescribed to you
 - Do not use more medication than prescribed
 - Contact provider if current pain regimen isn't providing adequate pain relief
- Do not abruptly stop taking opioids without speaking to provider
- Do not use alcohol while taking opioids
- Do not crush, chew, inject, break, dissolve, or snort ER/LA opioids

Adverse Effects of Opioids

- Nausea/Vomiting
 - Take with food
 - Can use antiemetics
 - Contact provider if have not eaten for a day
- Constipation
 - Will not tolerate out
 - Use bowel regimen (refer to 656 lecture for specific options)
 - Contact provider if no bowel movement for 3 days

Adverse Effects of Opioids

- Drowsiness/Dizziness
 - Usually tolerates out with continued use
 - Caution with driving/operating machinery
 - Avoid alcohol/other CNS depressants
- Itching
 - Can use antihistamines
- Allergic Reaction
 - Screen for opioid allergies
 - Sudden onset of bronchospasm, SOB, and/or rash

Adverse Effects of Opioids

- Respiratory Depression
 - A decreased rate of breathing, NOT shortness of breath
 - Can't really feel it happening
 - Call 911!
 - Signs/symptoms
 - Heavily sedated
 - Difficulty arousing
 - Confusion
 - Do not take more opioids than prescribed

Counseling Points for Specific Opioids

- Morphine
 - Has the most histamine release compared to other opioids
 - Hypotension
 - Itching
- Hydrocodone/acetaminophen and codeine/acetaminophen
 - Do not use other sources of acetaminophen
 - Do not exceed 4 grams of acetaminophen per 24 hours
- Codeine
 - Particularly problematic with constipation and nausea
- Tramadol
 - Risk of seizures

Counseling Points for Specific Opioids

- Fentanyl patch
 - Apply to chest, back, abdomen, or upper arm
 - Avoid broke or irritated skin
 - Rotate sites if skin is getting irritated
 - OK to wear during bathing, showering, swimming
 - Avoid with fever or external heat (increased absorption)
 - Do not cut patch
 - Fold patch in half and flush to dispose
 - Takes ~12 hours to start working and lasts for ~12 hours after removal
 - Change patch every 72 hours, remove old patch before applying a new patch
 - Tip: write date/time of application on the patch

REMS for ER/LA Opioid Analgesics

- Access counseling tools that facilitate patient education on opioid medications
 - Patient Counseling Document (PCD)
 - Medication Guides
- <http://www.er-la-opioidrems.com/IwgUI/rems/home.action>

Thanks for Listening!

Questions/Concerns?

Robert Hakim, DPH-4 - rhakim@wisc.edu

Casey Gallimore, Pharm.D. - casey.gallimore@wisc.edu