Analgesic supply to surgical patients on discharge into the community - what is getting out there?

Margaret Jordan¹, Amy Minett³, Erica Wales³, Dr Nick Maytom³, Sonia Markocic², Dr Buddhika Habaragamuwa²

¹. Pharmacy Department; ². Acute Pain Service, Department of Anaesthetics; Illawarra Shoalhaven Local Health District

Why we wanted to find out what patients took home after surgery

- Opioids can cause harm¹
- There is increasing evidence of persistence of use after surgery¹
- Possibility of divergence or misuse of opioids in community¹
- Pharmacist observations of poor use of adjuvant analgesics and laxatives
- It takes time to dispense an opioid & ~70% remain unused after discharge²
- Increasing and sustained use of pregabalin³

What we studied and what we found out

Methods
A retrospective review was undertaken of patients who underwent surgery and were discharged from Wollongong Hospital, in March 2016, to investigate:
- Analgesics, adjuvants and laxatives supplied at discharge
- Appropriateness of supply, considering opioid consumption in previous 24 hours and pre-admission usage

Findings
- 468 patients reviewed, after exclusions:
  - majority were for orthopaedic surgery
- 1/3 patients received analgesic(s) at discharge:
  - majority received an opioid only (Figure 1);
  - oxycodone immediate-release was most commonly supplied (63% of those who received an opioid)
- More than one opioid was supplied to 42% (Figure 2)
- Of those who had NO opioid use in previous 24 hours:
  - 11 patients received ONE opioid at discharge
  - 2 patients received TWO opioids at discharge
- Less than 1 in 4 patients prescribed an opioid received a laxative
- Indiscriminate use of adjuvant analgesics was determined (Figure 3)
- Pregabalin was supplied at discharge, to 17% despite no prior use

What we are doing about it

GUIDELINES
Multidisciplinary development and implementation across the whole district (Figure 4)

PREGABALIN
Dosage guidance and restrictions for discharge supply

LAXATIVES
Automatic supply for patients receiving opioids

PARACETAMOL
Supply for all patients
NSAIDs for those without contraindications

STEP-DOWN OPIOIDS
Advice for de-escalation or cessation of opioids at discharge

PATIENT INFORMATION
Patient information supplied when dispensing

References:

Acknowledgements: Acute Pain Service clinicians, Clinical Pharmacists and Pharmacy technicians, The Wollongong Hospital

Figure 1: Analgesics supplied at discharge

Figure 2: Single and combination opioids supplied

Figure 3: Opioids and adjuvant analgesics supplied at discharge

Figure 4: Guidelines - Discharge analgesics after surgery: Illawarra Shoalhaven Local Health District