STEPS TO OPIOID REDUCTION IN LTC

Step 1
- Evaluate all current PRN opioids
- Target residents who are receiving 0 or 1 PRN doses of opioids daily
- Discontinue the PRN opioid
- If needed, substitute non-opioid medication such as acetaminophen (Tylenol) 650mg or tramadol 25mg

Step 2
- An ongoing process
- Evaluate all PRN opioid orders on new skilled residents
- Discuss pain assessment with nursing to determine:
  - why opioid was ordered initially
  - how often the resident was receiving it
  - determine if it was used prior to hospitalization
- Consider trial discontinuation of all PRN opioids on skilled residents who were not on the medication prior to hospitalization and were not placed on opioids due to fracture, injury, or surgery

Step 3
- Assess all scheduled opioids after 1st sweep (step 1). Determine why the opioids are being used
  - Assess pain source and offer alternative to pain medication (i.e. heat, ice)
  - Discuss pain with residents who can verbalize symptoms and explain importance of reducing opioid dose
  - Offer alternative non-opioid pain medication if desired
  - Discuss opioid weaning schedule (reduce dose by 10% every 1-2 weeks)
  - Discuss alternative methods to relieve pain
- If resident refuses weaning or alternative treatment, document reason and attempt to educate
  - Assess all PRN opioid use on residents who cannot verbalize pain
    - consider weaning trial
    - monitor behaviors with reduction of dose and frequency
  - Discuss findings with family or MPOA

Step 4
- Assess all scheduled opioids
  - Document diagnosis of why resident is receiving the medication
  - Consider weaning trial (reduce dose by 10% every 1-2 weeks) on those residents not receiving opioids for cancer diagnosis or end of life
  - Implement alternative pain measures during weaning
- If resident fails opioid GDR trial:
- document why GDR failed
- discuss GDR failures in nursing forum to determine better options for certain residents

**Step 5**
- Provide inservice to nursing including recent CDC opioid prescribing guidelines
  - Stress adverse affects related to long term opioid use in the LTC setting (increased risk of falls, respiratory depression, constipation, confusion, urinary retention, delirium)
  - Stress importance of limiting opioid use to less than 3 months and educating residents
- Provide inservice to nursing:
  - Develop educational material for nursing to provide to residents and families whose opioids are being weaned
  - Explain that residents who receive long term opioids actually complain of more pain, not less

**Step 6**
- Provide inservice to therapy department
  - Discuss their role in pain assessment and offering of alternative pain control measures (heat, ice, massage, ROM)
  - Stress importance of therapists not asking physician or nursing for pain medication
  - Explain their role in pain reduction

**Step 7**
- Attempt to make a goal of limiting all opioid prescriptions to those residents with an appropriate diagnosis (cancer, end of life)
  - Place a time limit on all opioid orders (1-2 weeks)
  - Reassess pain and need of current dose/frequency weekly. Make appropriate changes.