Government of **Western Australia**
Department of **Health**

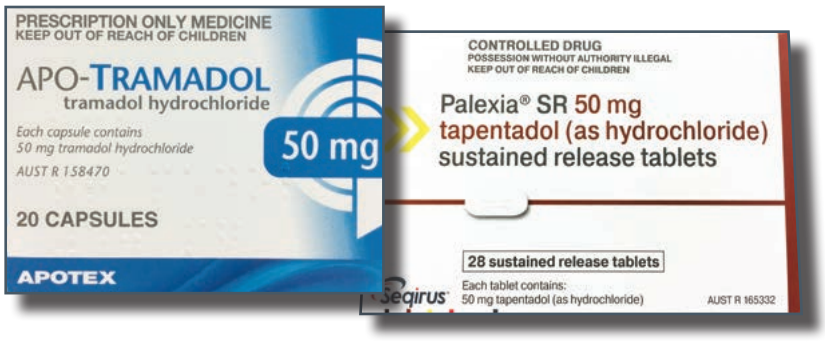
Safe use of opioids in hospital

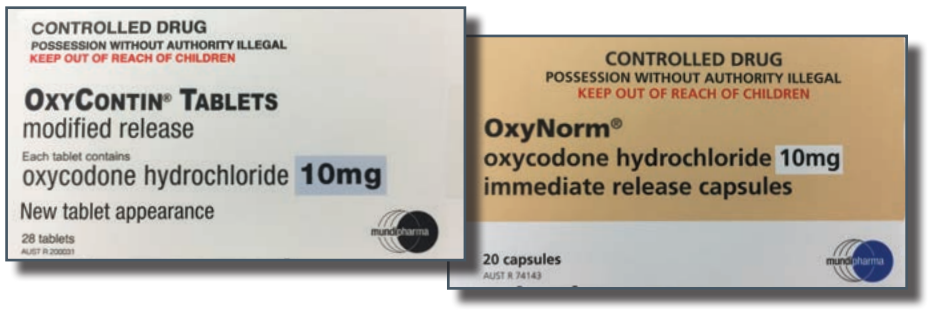
1. **Dosing should always follow a 'start low and go slow' philosophy.**
   Prescribe a low dose initially and titrate up as clinically appropriate.

2. **Monitor patients carefully especially when initiating or increasing the dose of an opioid.**
   - Sedation level and respiratory function for safety
   - Pain scores and functional ability for pain management.

3. **Take care if more than one different opioid is prescribed concurrently.**
   Over-sedation or respiratory depression must be considered especially when opioids are prescribed by different routes.

4. **Take care with sound-a-like opioids that often get confused:**
   - Tramadol/Tapentadol
   - Morphine/Hydromorphone
   - MS Contin/OxyContin
   - OxyContin/OxyNorm.





5. **Prescribe and administer the correct formulation.**
   - An immediate release (IR) opioid given when a slow release (SR) dose has been prescribed will result in a potentially toxic concentrations of the medication that may result in significant harm.
   - For oral liquid medicines write dose as '**mg**' or **'micrograms'** not mL.

6. **Opioids are not equipotent.**
   Refer to an opioid conversion guide or ask a pharmacist for advice before switching to a different opioid.

7. **When prescribing and administering an opioid transdermal patch, use the patch check sticker.**
   Document the patch is in place and has been changed at the correct frequency.

8. **Dispose of opioids safely as per hospital policy.**

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