1. PURPOSE

The timely, appropriate and safe administration of post operative opioid intravenous analgesia in the recovery room.

KEY POINTS

1. Administration of opioids via the intramuscular route is inappropriate in the recovery room due to the possible delay in the action of the drug and the inability to titrate the amount of opioid required for patient comfort. However, oral opioids may be used as adjuncts to intravenous opioids to achieve patient comfort.

2. Respiratory depression is a side effect of the administration of opioid drug. Attending nurses / midwives should be aware of this and be competent to deal with this complication.

3. Elderly women may require lower doses of opioids to achieve an equivalent analgesic effect and the duration of analgesia is often longer, due to an age related increase in the terminal elimination of half-life.

4. Only nurses / midwives who have been instructed in the use of the pain guideline should administer opioids using this procedure.

5. All patients receiving intravenous opioids shall be administered oxygen therapy. This shall continue until intravenous opioid administration has been ceased and the patient’s oxygen saturation is maintained at 95% or greater in room air.

6. If the following complications occur - cease the ‘pain guideline’ and call the patient’s anaesthetist or if unavailable, the Pain Registrar as necessary

- Sedation score greater than 2
- Resting respiratory rate less than 8 per minute
- SaO2 < 95% on oxygen
- Nausea and vomiting unresponsive to anti-emetics
- Systolic blood pressure outside acceptable parameters, as charted

2. PROCEDURE

The registered nurse / midwife shall

1. Assess the woman to establish her level of pain by

- Asking the patient’s verbal (0-10) or rating as mild / moderate / severe.
• Observing the woman's vital signs for evidence of high levels of pain e.g. elevated blood pressure and pulse (NB vital signs do not necessarily alter in the presence of pain).

• Observing the behavior exhibited by the woman i.e. agitation, facial expressions, restlessness.

2. Administer intravenous opioids according to the ‘Recovery Room Intravenous Opioid Analgesia - Flowchart’ using KEMH drug administration guidelines.

3. Perform hand hygiene before preparing and administering the medication.

4. Intravenous opioids must be prescribed by generic name and the syringe labelled appropriately.

5. Continue the administration of the opioid as per the flow chart and time increments until the woman achieves a satisfactory level of comfort (i.e. moderate pain or respiratory depression precludes continued administration).

6. When the woman is ready for discharge to the ward any remaining opioid shall be disposed of in the appropriate manner after being checked by two registered nurses/midwives and documented.

REFERENCES (STANDARDS)

National Standards – 1 Clinical Practice
Legislation - Nil

Related Policies – Section P: Post Operative IV Analgesia Flowchart
Other related documents – Nil

RESPONSIBILITY
Policy Sponsor Nursing & Midwifery Director OGCCU
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