

Patient Care Considerations for Hospitalized Adults Requiring Opioid Therapy

General

- Non-supine position if tolerated
- Head of bed at 30° if no contraindications
- O₂ if needed
- CPAP

Inpatient Monitoring

- Serial sedation assessments with valid scale
- Serial respiratory depression assessments
- Centralized continuous pulse oximetry
- Capnography if supplemental O₂ needed to maintain acceptable oxygen saturations
- Continuous cardiac monitoring for high risk patients

Surgical Patients

While in the PACU

- Lateral position if tolerated
- Head of bed at 30° if no contraindications
- O₂ if needed
- Continuous pulse oximetry monitoring
- Digital monitoring of respiratory rate
- Close nursing monitoring

Criteria for PACU Discharge

- No apnea/hypopnea/desaturation episodes in 60 minutes following last IV opioid; none in last 30 minutes in quiet environment on room air, or baseline SpO₂ within 2% of preoperative baseline.
- Respiratory rate ≥ 10/minute and able to maintain airway

Criteria for Inpatient Admission

- Witnessed apnea
- Increasing O₂ requirements/unable to wean off O₂
- Pain-sedation mismatch

See: APSF (2010) Essential Monitoring Strategies to detect clinically significant drug-Induced respiratory depression in the Postoperative period. Conclusions and Recommendations. Conference on Electronic Monitoring Strategies. Retrieved 1/20/2012 from <http://apsf.org/announcements.php?id=7>
Jarzyna et al (2011) American Society for Pain Management Nursing Guidelines on Monitoring for opioid-Induced Sedation and Respiratory Depression. Retrieved 2/10/2012 from: <http://www.aspmn.org/Organization/documents/GuidelinesonMonitoringforOpioid-InducedSedationandRespiratoryDepression.pdf>