



A Position Statement on Opioid Stewardship in Perianesthesia Practice

The American Society of PeriAnesthesia Nurses (ASPAN) has the responsibility for defining the principles of safe, quality nursing practice in the perianesthesia setting. ASPAN, therefore, sets forth this position statement to acknowledge the need for opioid stewardship in all perianesthesia settings and to further stress the scope of safety in perianesthesia practice.

Background

For several decades, healthcare teams have observed an alarming upsurge in the incidence of opioid abuse, chemical addiction, and associated deaths. Statistics demonstrate a rapidly escalating rise in the number of adverse events.¹⁻⁶ According to Bulloch and Hanna,¹ the rate of opioid-related deaths has nearly quadrupled in the past 15 years. Drug overdose deaths and opioid involved deaths continue to rise in the United States.² The Centers for Disease Control and Prevention (CDC) reported that 47,600 or 68.8% of drug overdose deaths in 2017 involved opioids.⁷ This alarming increase is attributed in part to a culture of liberal opioid prescribing, the availability and demand for illicit controlled substances, and the development of newer and more potent opioids. Once the staple of pain management interventions, opioids now require careful governance and judicious utilization. Used appropriately, prescription opioids can provide pain relief, but they are not without risk. The Joint Commission released the 2012 Sentinel Event Alert entitled, “Safe use of opioids in hospitals.”⁸ The basis for this alert involved countless adverse effects and events directly linked to permissive prescribing, administering, and inadequate monitoring practices related to these potent analgesics. In addition, consumers are poorly informed about the risks of opioid therapies. There are four primary conditions for safe opioid management. These include appropriate prescribing practices, patient and healthcare team education, risk stratification, and screening for patients in jeopardy of abuse and patient monitoring.^{1-5,9}

Position

It is ASPAN’s position that perianesthesia registered nurses remain highly committed advocates for the principles of safe perianesthesia care in all perianesthesia practice settings. These principles exist not only for the nurse and the healthcare team, but, most importantly, for the patient. ASPAN supports the application of the principles of opioid stewardship in the perianesthesia setting. It is, therefore, the position of ASPAN that perianesthesia registered nurses consider the following principles related to opioid stewardship:

- Solicit a comprehensive patient medication history during preoperative nursing and anesthesia assessments
- Support clinical inquiry, research, and education on an evidence-based approach or practices to/for pain assessment and management
- Provide education to patients/families regarding opioid therapy
- Educate patients regarding safe handling of prescription medications
 - Discuss methods to store controlled substances in the home
 - Teach proper methods to dispose of leftover medications^a
 - Advise against sharing medications as both a federal crime and a potential health risk^b
- Improve quality of overall pain assessment and management
 - Advocate for multimodal analgesia techniques in the perianesthesia setting
 - While patient safety is the foremost goal, of equal importance is appropriate pain assessment and management
- Recommend non-pharmacologic methods to maximize comfort can include, but are not limited to, heat and cold therapies (as prescribed by provider), repositioning, and encouraging patients to be actively involved in their care and therapies
- Recommend behavioral therapies to support comfort including, but not limited to, psychotherapy, peer support, meditation, and distraction
- Participate in opportunities to promote further research and safe pain assessment and management practices
- Have knowledge of specific facility and regulatory policies related to the current opioid stewardship

Expected Outcomes

Perianesthesia registered nurses will familiarize themselves with the principles of opioid stewardship and will advocate for safe opioid practices.

Approval of Statement

This statement was endorsed by a vote of the ASPAN Directors on April 9, 2016, in Philadelphia, Pennsylvania, and approved by a vote of the ASPAN Representative Assembly on May 15, 2016.

This position statement was updated and revised at the October 2019 meeting of the Standards and Guidelines Strategic Work Team in Dallas, Texas.

REFERENCES

1. Bulloch M, Hanna C. New strategies for opioid stewardship. 2016. *Pharmacy Times*. Accessed July 18, 2020. <https://www.pharmacytimes.com/contributor/marilyn-bulloch-pharmd-bcps/2016/06/new-strategies-for-opioid-stewardship>
2. Rudd RA, Seth P, David F, Scholl L. Increases in drug and opioid-involved overdose deaths - United States, 2010-2015. *MMWR Morb Mortal Wkly Rep*. 2016;65(50-51):1445-1452. <https://doi.org/10.15585/mmwr.mm65051e1>
3. Hill MV, McMahon ML, Stucke RS, Barth RJ. Wide variation and excessive dosage of opioid prescriptions for common general surgical procedures. *Ann Surg*. 2017;265(4):709-714. <https://doi.org/10.1097/sla.0000000000001993>

^aCommon recommendations for disposing unused medication include¹⁰:

- Accessing the local community's 'take-back' program
- Mixing the medications (without crushing them) with substances such as dirt, kitty litter, or used coffee grounds, placing the mixture in a container such as a zip-top or sealable plastic bag and throwing the container away in household trash
- Remove any personal information on the prescription label to make it unreadable
- Depending on the geographic location, certain medications can be flushed because the environmental impact is not as detrimental as having them around

^bPotential adverse events related to the sharing of prescription medications include, but are not limited to¹¹:

- Potential side effects
- Allergies
- Threat to life
- Possibility of dangerous polypharmacy
- Legal ramifications, including felony charges, if discovered



4. Kaafarani HMA, Weil E, Wakeman S, Ring D. The opioid epidemic and new legislation in Massachusetts: time for a culture change in surgery? *Ann Surg.* 2017;265(4):731-733. <https://doi.org/10.1097/SLA.0000000000002083>
5. Knaggs RD, Stannard C. Opioid prescribing: balancing overconsumption and undersupply. *Br J Pain.* 2017;11(1):5. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5370630/>
6. Centers for Medicare & Medicaid Services (CMS). Opioid misuse strategy 2016. 2017. Accessed July 10, 2020. <https://www.cms.gov/Outreach-and-Education/Outreach/Partnerships/Downloads/CMS-Opioid-Misuse-Strategy-2016.pdf>
7. Centers for Disease Control and Prevention. Drug and opioid-involved overdose deaths – United States, 2013 -2017. 2018. Accessed July 10, 2020. <https://www.cdc.gov/mmwr/volumes/67/wr/pdfs/mm675152e1-H.pdf>
8. The Joint Commission. Sentinel Event Alert. Safe use of opioids in hospitals. 2012. Accessed July 10, 2020. https://www.jointcommission.org/assets/1/18/SEA_49_opioids_8_2_12_final.pdf
9. Waljee JF, Li L, Brummett CH, Englesbe MJ. Iatrogenic opioid dependence in the United States: are surgeons the gatekeepers? *Ann Surg.* 2017;265(4):728-730. <https://doi.org/10.1097/sla.0000000000001904>
10. U.S. Food and Drug Administration. Medicine disposal: questions and answers. 2019. Accessed July 10, 2020. <https://www.fda.gov/drugs/safe-disposal-medicines/disposal-unused-medicines-what-you-should-know>
11. Markotic F, Vrdoljak D, Puljiz M, Puljak L. Risk perception about medication sharing among patients: a focus group qualitative study on borrowing and lending of prescription analgesics. *J Pain Res.* 2017;10:365-374. <https://doi.org/10.2147/JPR.S123554>

ADDITIONAL READING

Clifford TL. Opioid stewardship. *J Perianesth Nurs.* 2017;32(4):377-378. <https://doi.org/10.1016/j.jopan.2017.05.002>

